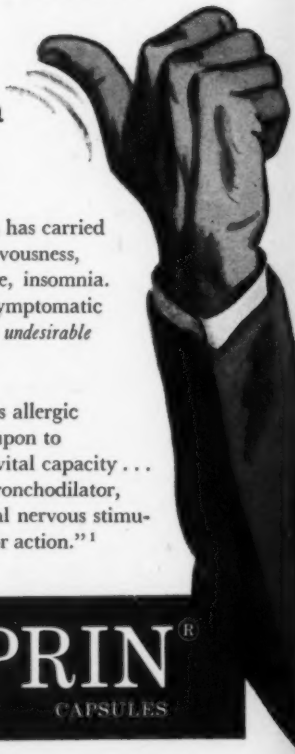
Medical Economics

The G.P. Stages a Comeback • Page 54

Must side effects hitchhike

with effective relief in bronchial asthma?



For years, relief in bronchial asthma has carried unwelcome side effects with it—nervousness, palpitation, increased blood pressure, insomnia. But now, Nethaprin makes prompt, symptomatic relief possible—*essentially free from the undesirable side actions of Ephedrine.*

In bronchial asthma and synonymous allergic conditions, Nethaprin can be relied upon to provide effective relief . . . increased vital capacity . . . better feeling of well-being. Yet its bronchodilator, Nethamine, "causes very little central nervous stimulation and produces little or no pressor action."[1]

NETHAPRIN®

SYRUP CAPSULES

Merrell
1828
CINCINNATI • U. S. A.

Each capsule and 5 cc. teaspoonful contains: Nethamine® 25 mg., Butaphyllamine® 60 mg., Decapryn® Succinate 6 mg.

When Phenobarbital is desired, NETHAPHYL.® In full or half strength.

1. Hansel, F. K.: Ann. Allergy, 5:397, 1947.

Accurate, on the spot

Hb Determinatio

Widespread acceptance of the Spencer Hb-Meter proves that physicians need this means of obtaining *laboratory* accuracy in hemoglobin determination *in less than 3 minutes.*

Only the Hb-Meter permits:

- ★ Complete portability
- ★ Results in grams per 100ml or a choice of percentage scales
- ★ Hemolysis of blood without dilution
- ★ Accurate determinations by persons with deficient color vision
- ★ Matching field within the spectral region of maximum visual sensitivity

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CHICAGO, ILLINOIS

Medical Economics

• • • *June 1950* • • •

[CONTINUED ON FOLLOWING PAGE]

Contents [*Continued*]

DEPARTMENTS

CCA Copyright 1950, Medical Economics, Inc., Rutherford, N.J. 25 cents a copy, $3 a year (Canada and foreign, $3.50). Circulation: 140,000 physicians and residents ☆ PICTURE CREDITS: Cover, Harris-Pix; 52, 63, Geisler; 54, American Academy of General Practice; 55, (left) Merante, (right) American Academy of General Practice; 59, Wide World; 66, (top) Westinghouse, (bottom) General Electric; 67, Westinghouse; 73, Flushing Studio; 117, Graphic House ☆ VERSE CREDIT: 72, Chicago Tribune. NBP

Clinical tests prove that PRO-CAP is less irritating

"141 patients, including the 130 developing adhesive irritations of various degrees, were then exposed to the adhesive tape containing the fatty acid salts. The plaster was used 970 times on these patients. Only 5 patients developed irritations which were sufficient to cause complaint. The irritation even in those instances was not sufficient to warrant discontinuation of the use of this new plaster."

—*R. E. Humphries: New Factors in Adhesive Formulas Which Lessen Irritation. J. Investigative Derm. 9:219-220 (Nov.) 1947*

SEAMLESS PRO-CAP ADHESIVE PLASTER

THE ONLY ADHESIVE CONTAINING FATTY ACID SALTS

Seamless PRO-CAP is a superior quality Adhesive Plaster containing zinc propionate and zinc caprylate—two medically-proved ingredients. PRO-CAP provides these *three* important advantages, *at no increase in price!*

- **Skin irritation and itching are substantially eliminated.**
- **PRO-CAP adheres better. Less slime and maceration to interfere with tackiness.**
- **PRO-CAP can be left on the skin or renewed over longer periods, with little or no skin reaction.**

RESULT: More comfort for your patient . . . Less interference with your treatment . . . We invite you to discover PRO-CAP's outstanding qualities in your own practice. Write for illustrated brochure and reprints of medical reports.

FINEST QUALITY SINCE 1877

Systemic rehabilitation proves he is not a HOPELESS arthritic!

In years past—and even in recent times—countless revolutionary "cures" for arthritis have aroused the false hopes of millions of sufferers. With time, many of these so-called "miracle drugs" have been found to be ineffective and some even dangerously toxic.

Clinical trials through the years, however, have proved that systemic rehabilitation is the time-tested, safe and effective method of treating arthritis.

The vital role played by the Darthronol systemic rehabilitation program in returning thousands of arthritics to gainful occupation is proof of the effectiveness of Darthronol in eliminating pain, reducing soft tissue swelling, and restoring normal function.

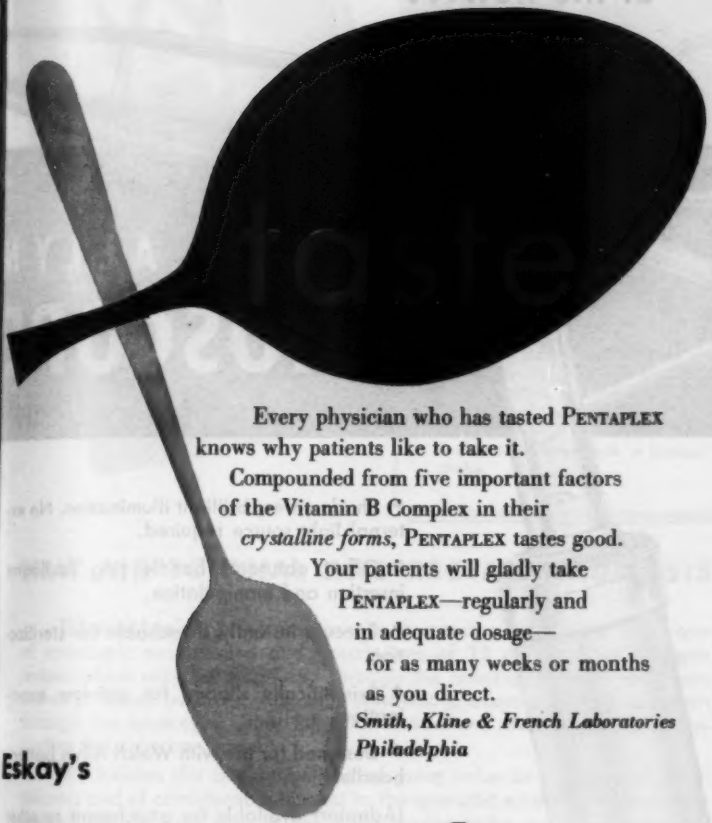
EACH CAPSULE CONTAINS:

Vitamin D (Irradiated Ergosterol)	50,000 U.S.P. units
Vitamin A (Fish Liver Oil)	5,000 U.S.P. units
Vitamin C (Ascorbic Acid)	75 mg.
Vitamin B_1 (Thiamine Hydrochloride)	3 mg.
Vitamin B_2 (Riboflavin)	2 mg.
Vitamin B_6 (Pyridoxine Hydrochloride)	0.3 mg.
Niacinamide	15 mg.
Calcium Pantothenate	1 mg.
Mixed Tocopherols	4 mg.

(Equivalent to 3 mg. of Synthetic Alpha Tocopherol)

Darthronol

J. B. ROERIG & COMPANY · CLINICAL · Roerig · PHARMACEUTICALS · 536 N. Lake Shore Drive • Chicago 11, Ill.



Every physician who has tasted PENTAPLEX knows why patients like to take it.

Compounded from five important factors of the Vitamin B Complex in their *crystalline forms*, PENTAPLEX tastes good.

Your patients will gladly take PENTAPLEX—regularly and in adequate dosage—for as many weeks or months as you direct.

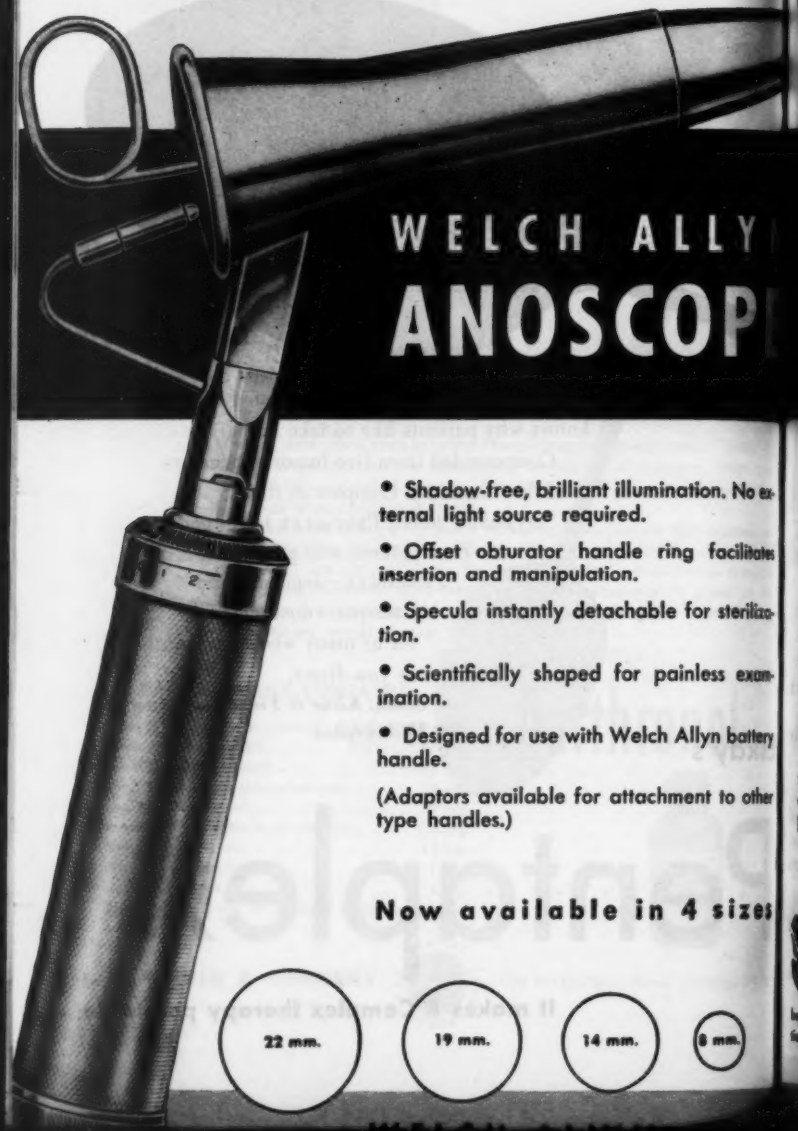
Smith, Kline & French Laboratories
Philadelphia

Eskay's

Pentaplex

It makes B Complex therapy palatable

Check these features of the new...



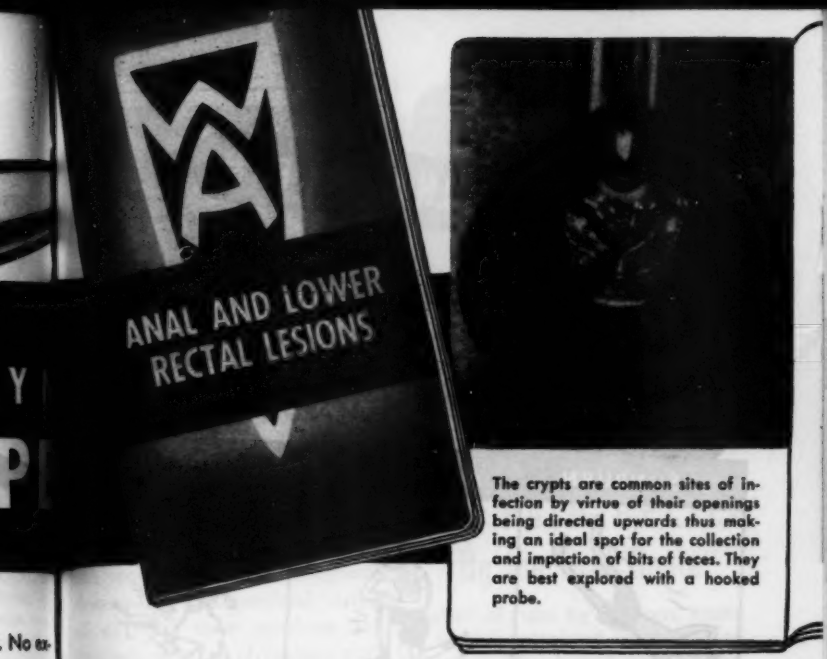
WELCH ALLY
ANOSCOP

- Shadow-free, brilliant illumination. No external light source required.
- Offset obturator handle ring facilitates insertion and manipulation.
- Specula instantly detachable for sterilization.
- Scientifically shaped for painless examination.
- Designed for use with Welch Allyn battery handle.

(Adaptors available for attachment to other type handles.)

Now available in 4 sizes

22 mm. 19 mm. 14 mm. 8 mm.



The crypts are common sites of infection by virtue of their openings being directed upwards thus making an ideal spot for the collection and impaction of bits of feces. They are best explored with a hooked probe.

NEW AID TO ANAL AND RECTAL DIAGNOSIS

This new booklet presents in concise form a discussion of the technique of anoscopic examination and descriptions of 15 of the more common lesions which may be diagnosed through the anoscope. Six of these are shown in clear, accurate, full-color illustrations exactly as they are seen through the anoscope. Other full-color illustrations show method of introducing the anoscope, etc.

We believe this booklet will be of great value to the general practitioner, and of considerable interest to the specialist as well. It is available without charge from your Welch Allyn dealer or by mailing the coupon below.

The complete line of Welch Allyn electrically illuminated diagnostic instruments will be shown at the A.M.A. convention in San Francisco, June 26-30.

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Auburn, New York

Please send me, without charge, your booklet, "Anal and Lower Rectal Lesions".

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Street _____

City _____

Memo from the Publisher

• The readers of some magazines, we suspect, are merely passive onlookers, too lackadaisical to play any part in shaping the articles they browse over. The readers of MEDICAL ECONOMICS are a different breed—and it's lucky for us they are.

Whatever editorial success this magazine has had stems from the sustained cooperation of physicians everywhere. Hundreds of men each month—in letters, telegrams, phone calls, and personal visits—tell us what their problems are. Hundreds of other physicians pitch in to assist when we set about finding the answers.

Why do they do it? Perhaps because they see the need for a clearinghouse of ideas. Perhaps because of simple "reader loyalty." Whatever the reason, we'd be remiss if we didn't publicly offer thanks for year-round cooperation like this:

¶ All medical school deans in the U.S. were sent a complex questionnaire on medical education costs. We'd been warned that a 20-per-cent response was all we could expect. Instead, 80 per cent of the deans filled out the form. Their collective views became the backbone of an article entitled "The Price Tag on an M.D."

¶ A nationally known medical man was asked his opinion of the

AMA's policy-makers. He mailed in twenty-one typewritten pages—a person-by-person analysis of the AMA House of Delegates. His ideas played an important part in shaping our article "How the AMA House of Delegates Works."

¶ Several hundred specialists in industrial medicine were surveyed by mail. Though the survey sheet bristled with eighty-two separate questions, 81 per cent of the doctors took time to write out their answers. This led to a whole series of articles on the specialty's status.

¶ A Milwaukee physician was asked a few questions about his office. He took the next two days to show our man around, explain the workings of his set-up, expound his ideas on office management. Result: three full-length articles.

¶ Officers of the Erie County (Pa.) Medical Society were queried about their night-call service. They promptly showered us with reams of written material, photos taken especially for M.E., bulky files of original research. The resulting article—"An Emergency-Call Plan in Action"—practically wrote itself.

¶ All 138,000 readers of MEDICAL ECONOMICS were mailed a postcard questionnaire. It asked for details about their types of practice, their preferred mailing addresses. With only a single follow-up to nudge them, 112,000 medical men sent in the requested information.

For all such cooperation, we're sincerely grateful. It's what makes articles worth reading and publishing a pleasure. —LANSING CHAPMAN

announcing Feojectin

for use when oral iron fails

"Many of the clinical results are as dramatic as the response of pernicious anemia in relapse to full doses of parenteral liver."
(Slack and Wilkinson, Brit. M.J., April 17, 1948)

Feojectin is a stable solution of saccharated iron oxide for *intravenous* injection. It is particularly indicated for those cases of iron-deficiency anemia in which oral medication (1) is relatively ineffective, (2) is not well tolerated, or (3) produces results too slowly.

Feojectin is supplied in boxes of six 5 cc. ampuls. (Each ampul contains the equivalent of 100 mg. of elemental iron.)

Smith, Kline & French Laboratories, Philadelphia

Feojectin

a completely new form of iron therapy

Mucilose is hypoallergenic

Winthrop-Stearns Inc.

New York, N. Y. Windsor, Ont.

Obtainable in 4 ounce and 16 ounce containers in the following forms:

Mucilose Flakes Concentrated
Mucilose Flakes (special formula)
Mucilose Granules (special formula)

Dose: **1 or 2 teaspoonfuls with 2 glasses of water twice daily.**

Even after prolonged use, no allergic reactions have been observed from the administration of Mucilose. Mucilose is a bland, nonirritating, bulk-producing agent which accomplishes physiologic laxation closely approximating normal function. The active ingredient is the highly purified Plantago loeflingii.

CILOSE

for physiologic laxation

"The increases in hemoglobin were...

dramatic...rapid..."

Independent controlled investigations continue to confirm the greater effectiveness and better tolerance of molybdenized ferrous sulfate (Mol-Iron) in the treatment of iron-deficiency anemia.

"We have never had other iron salts so efficacious..."[1]

"More rapid... response than ferrous sulfate"[2]

"A true example of potentiation of the therapeutic action of iron."[3]

"Generally well tolerated... even in iron-intolerant patients..."[4]

Typical findings:

1. Dieckmann, W. J., and Priddle, H. D.: American J. Obstet. & Gynec. 57:541-546 (March) 1949.
2. Chesley, R. F., and Annitto, J. E.: Bull. Margaret Hague Maternity Hospital, 1:68-75 (Sept.) 1948.
3. Healy, J. C.: Journal-Lancet 66:218-221 (July) 1946.
4. Kelly, H. T.: Pennsylvania M. J. 51:999 (June) 1948.

White's **Mol-iron** Tablets Liquid

MOLYBDENIZED FERROUS SULFATE

—a specially processed, co-precipitated, stable complex of molybdenum oxide 3 mg. (1/20 gr.) and ferrous sulfate 195 mg. (3 gr.). Recommended adult dosage: 2 tablets, t. i. d. Available in bottles of 100 and 1000 tablets and in a highly palatable Liquid, in bottles of 12 fluid ounces.

White LABORATORIES, Inc.,
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Panorama

Ad in London Times asked that opinions about British national health program be mailed to a Milwaukee, Wis., address. Whereupon the journal Medical World warned its readers: "Better be careful. Mailing obscene literature brings stiff penalties" . . . Two "doctors" called on Lew Huff in Seattle, Wash., said they were checking up on old-age pensioners. While one "examined" the 73-year-old man on the bed, the other rifled his pocket of $22.

The female of the species is more durable: Average American white woman has life span of 71 years; average white man, 65⅞ years. This is all-time high for both, reports Public Health Service . . . Another challenger for blood-donor championship, Wilhelm Klein of Frankfurt, Germany, says he's sold blood weekly for thirteen years. Klein's total: ninety gallons . . . Bill introduced in New York would define practice of radiology, prohibit anyone but M.D. from explaining what X-ray picture shows. Hospital Council of Greater New York, opposing bill, says courts have decided that when technician "explains" X-ray he is not making diagnosis.

Dr. Charles Hill, new Conservative-Liberal member of Parliament, is continuing as secretary of British Medical Association. Running with BMA's blessing, 46-year-old Dr. Hill squeaked out victory over Laborite opponent, avenged his own 1945 defeat . . . Cumulative Index of Hospital Literature, listing 10,000 articles published in last five years, being distributed by American Hospital Association at $5 a copy . . . New table-model electronic microscope is twenty times more powerful than best optical instrument, magnifies up to 6,000 diameters directly and up to 50,000 by photographic enlargement. Costs

$6,000 . . . Stabbed in quarrel, Henry Bryant of Birmingham, Ala., was put in ambulance that immediately smashed into truck. Second ambulance summoned broke down on way; third went to wrong address. Fourth got Henry to hospital, where doctors found his wound superficial, his patience fractured.

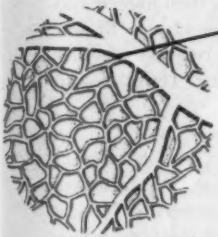
New degree, "Doctor of Industrial Medicine," granted for first time by Pittsburgh University School of Medicine . . . Sickness insurance for animals to be offered nationally if Colorado's unit of the National Veterinary Service has its way. Cost per dog: $12 a year . . . Gilbert & Sullivan touch: British barrister, arguing case against Government, was silenced —by his state-supplied false teeth. They cut his tongue raw . . . Lying in street, Wendell Holmes Teat calmly told Glendale, Calif., police: "I've broken my leg." Squad car rushed him to hospital, soon drove him off again—to a specialist—a carpenter. The leg was of wood.

In each monthly statement, Illinois physician writes in longhand: "Doctors' bills seem pretty big to patients at times—but they're easier than a 4 per cent payroll or income tax under socialized medicine." Says he believes people disregard stickers, but stop to ponder written messages . . . "You're next, Mrs. Anderson," called Dr. C. L. Anderson. So three matrons—all with name Mildred and none related to him—started for consultation room. Dr. Anderson thinks that's too much coincidence for a small town like Stromsburg, Neb. . . . Women's auxiliaries so effective against socialized medicine that state societies urge all-out mobilization in every county. Nevada, Oregon, and South Carolina now 100 per cent "auxiliarized."

Seeing woman lying in street at night, Dr. William V. Haymond, Los Angeles, got out of car to give her medical aid. Woman's companion popped out of hiding and both robbed Dr. Haymond at gun point . . . Population of U.S. now 150.6 million, estimates Census Bureau . . . Federal civilian defense agency, independent of armed forces, should be established immediately, says Dr. George Baehr, war-time medical chief of Office of Civilian Defense. Dr. Baehr wants new set-up

relax the Arterioles

support the Capillaries



in

Hypertension management

To aid in preventing rupture of the capillary walls while simultaneously relaxing abnormal arteriolar constriction—this is the aim of drug therapy made possible by—

RUTOL

a brand of Rutin, Phenobarbital and Mannitol Hexanitrate, P-M Co.

EACH TABLET CONTAINS:

Rutin	10 mg. (⅙ gr. approx.)
Phenobarbital	8 mg. (⅛ gr.)
Mannitol Hexanitrate	16 mg. (¼ gr.)

Bottles of 100, 500 and 1000 tablets

Vasodilation is provided by the central effect of phenobarbital and the direct smooth muscle relaxing effect of mannitol hexanitrate on the vascular walls.

Capillary support is supplied by the effect of rutin in prevention and correction of increased capillary fragility.

PITMAN MOORE COMPANY

PHARMACEUTICAL AND BIOLOGICAL CHEMISTS

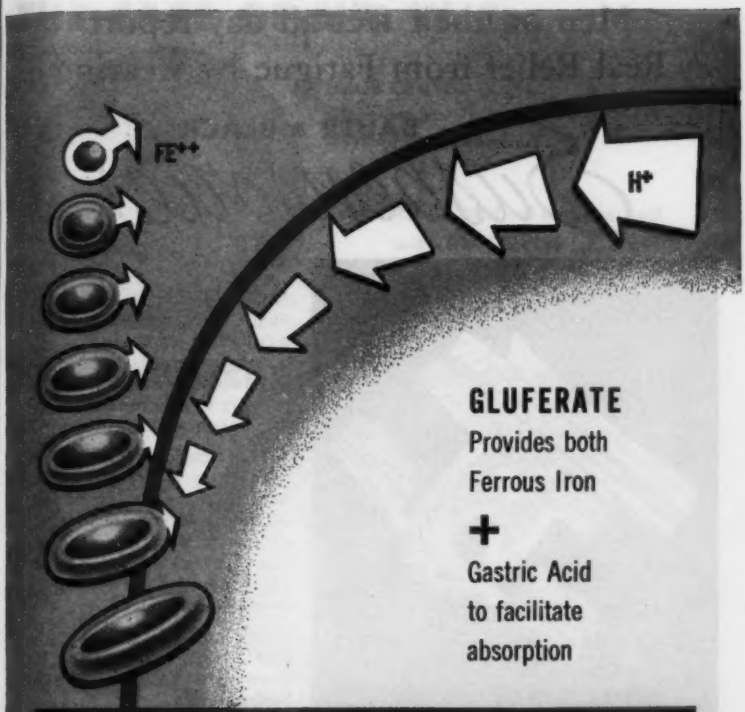
DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS 6, INDIANA

to cover every state and community . . . Five million workers now insured against sickness costs under union contracts, reports Dr. Leo Price, director of Union Health Center, New York . . . Dangerous misuse of thyroid extract by obese should be curbed, says AMA, asking state laws limiting its sale to prescriptions.

More and more big companies, *e.g.*, General Motors, planning counseling service to prepare aging employes for retirement, so they won't die of boredom . . . Internal Revenue people still grinning over income tax return of St. Paul, Minn., man who deducted for prescription costs, then lugged 125 empty medicine bottles to collector's office as proof . . . Brand-new Histochemical Society got under way with two-day meeting at University of Pennsylvania School of Medicine; 160 U.S. and foreign delegates attended.

Get 'em while they're ripe, a Johnstown, Pa., doctor believes. He puts this note on his statements: "If you belong to Blue Shield, ignore this bill and send me your policy number. If you don't, remind me to explain it to you" . . . Look for more petitions from state legislatures asking Congress to reject compulsory sickness insurance, following lead of Arkansas, Delaware, Florida, Illinois, Maryland, Massachusetts, Michigan, Nebraska, Tennessee, Texas, and Utah . . . Inflation note: Persons cashing in Government ten-year bonds at full face value now receive less, in purchasing power, than they paid for bonds a decade ago, says Henry M. Wriston, president of Brown University . . . Doctor-subscribers to medical society telephone-answering services should pay for each call in proportion to fee they get out of it, suggests Brooklyn (N.Y.) Physicians Guild, adding that many societies need more revenue.

National drive for legislation to draw stray animals from pounds for medical research being spearheaded in New York State. There, 70,000 dogs and 150,000 cats are destroyed yearly while medical schools scrimp to buy meager supply from out-state dealers . . . Books written this year by New York City physicians will be displayed by the New York Academy of Medicine at its annual book exhibition next winter.



GLUFERATE
Provides both
Ferrous Iron
+
Gastric Acid
to facilitate
absorption

Of the three factors that favor absorption of iron:[1]
(1) Iron in the ferrous state;
(2) Acid reaction in the stomach;
(3) Increased need for iron,

GLUFERATE®

Ferrous Sulfate and Glutamic Acid Hydrochloride Wyeth

provides *both* of the external factors

Ferrous Sulfate—A most efficiently absorbed form of iron,

Glutamic Acid Hydrochloride—Potent in correction of hypoacidity; assures prompt benefit with minimal distress.

SUPPLIED: Bottles of 100 tablets

1. Barer, A.P., and Fowler, W.M.: J. Lab. & Clin. Med. 34:932, 1949.

for
"double
insurance"
in
iron-deficiency
anemias

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Wyeth

Men on their feet all day report Real Relief from Fatigue by wearing

BAUER & BLACK *Suspensories*

Active men report a BAUER & BLACK Suspensory helps protect them from strain and frequently relieves fatigue. Many physicians prescribe a suspensory to relieve tensions of psychosomatic origin.

Three basic styles: O.P.C.* and Army & Navy—pouch held in place by leg straps; AUTO*—without leg straps, pouch with elastic edge; Drawstring—no leg straps, adjustment by drawstring in rear edge of pouch.

Ask your surgical supply dealer or drug store to show you BAUER & BLACK Suspensories.

For your patients' support and comfort, prescribe Bauer & Black Elastic Supports

***TENSOR*; the ELASTIC BANDAGE** woven with *LIVE RUBBER THREADS*, provides dependable, controlled pressure.

BAUER & BLACK ELASTIC STOCKINGS . . . 2-way stretch, easy to fit. Women appreciate their neutral color and inconspicuousness.

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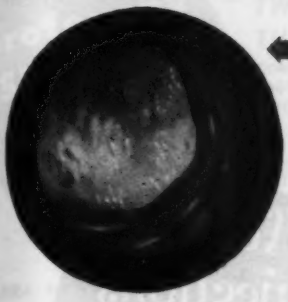
FIRST IN *ELASTIC* SUPPORTS

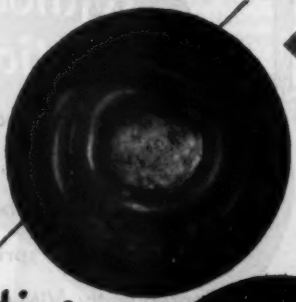
THE CASE OF MR. W. S.



HUGE CRATER ULCER
Revealed by
Gastroscopic Examination

THERAPY: Medical Management with MUCOTIN

GASTROSCOPIC PROOF OF HEALING



4 WEEKS LATER
Ulcer definitely smaller showing continuous healing.

5 MONTHS LATER
Crater gone.
Ulcer healed.
No recurrence.

Mucotin®

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MUCIN MAKES THE DIFFERENCE
Each tablet contains: Purified gastric mucin . . . 0.16 gm. Dried aluminum hydroxide gel. . . . 0.25 gm. Magnesium trisilicate . . . 0.45 gm.

The HARROWER Laboratory, Inc., 930 Newark Ave., Jersey City 6, N. J.

Please send me: ☐ Mucotin Samples ☐ Diet Booklets ☐ Reprints

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ADDRESS_____

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for injections without objections

VIM needles are made of "Laminex" stainless steel, which, unlike many types of steel, can be heat-treated and given a hard spring temper. Consequently, VIM needles take and *hold* a razor edge of lasting keenness. That's why VIM injections are easy to give, and — just as important — easy to take.

SPECIFY

VIM

Trade Mark Reg. U.S. Pat. Off.

hypodermic needles and syringes *Available through your surgical supply dea*

MACGREGOR INSTRUMENT COMPANY, NEEDHAM 92, MAS

profexray SETS THE PACE AGAIN!

100 MA-100 KV TWO-TUBE TILT TABLE

COMBINATION RADIOGRAPHIC AND FLUOROSCOPIC UNIT

$2895

F. O. B. CHICAGO

Includes (1) All-automatic push-button control (2) Electronic timer (3) Double focus 100 MA tube head (4) Separate fluoroscopic tube head (5) 12 x 16 Patterson B-2 screen (6) L-F Bucky.

Never before...at even roughly comparable price... could the doctor obtain such full use of all x-ray modalities, such effortless, time-saving convenience, such excellent diagnostic quality. But that is by no means all! No other unit *at any price* offers the features of the PROFEXRAY All-automatic Push-button Control. Triple-interlocking control of time-KV-MA factors now permits *full use of 100 MA techniques* with a unit rated at 100 MA. The control makes overloading of tubes *absolutely impossible*...and introduces new safety factors for both patient and operator. Selection of the proper technique is simple even for unskilled technicians. The coupon brings complete information.

ULTRA COMPACT!

PROFEXRAY occupies fully 10 inches less space than other tilt-table units...fits where bulkier units won't go. Extension leaf gives full length efficiency. May be used as standard or auxiliary examining table with optional pad and stirrups.

Profexray

...pace-making design
...at down-to-earth cost

PROFESSIONAL EQUIPMENT CO.
615 S. Peoria St., Chicago 7, Ill.

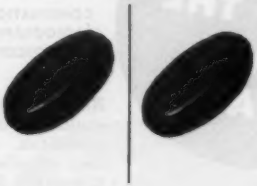
Gentlemen:

Please send complete information on the Profexray 100-100 Tilt Table Unit. No obligation.

DR._____

ADDRESS_____

DISTINCTLY DIFFERENT



the inside story

In appearance these two tablets are the same, yet their enteric coatings differ widely in principle and reliability.

Release of medication in the intestines is uncertain with coatings which depend on gastric acidity for remaining intact and on an alkaline environment for dissolving. These conditions are variable. They are especially altered in old age, in certain diseases, and following the use of many drugs.

Reliable release in the intestines is achieved with 'Enseals' (Timed Disintegrating Tablets, Lilly). The continuous moisture of the alimentary tract ruptures their hydrophilic coating after an appropriate interval; hence, 'Enseals' rely upon a constant condition of physiology and the inevitable passage of time.

SPECIFY **ENSEALS**

to avoid gastric distress from sodium salicylate or other irritating chemicals

to delay the effect for nocturnal control with such drugs as 'Histadyl' (Thenylpyramine, Lilly)

to smoothen effect through gradual release of such potent agents as diethylstilbestrol

Lilly

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

Complete literature on 'Enseals' is available from your Lilly medical service representative or will be forwarded upon request.

Speaking Frankly

Economizer

"M.D., New Jersey," who apparently begrudges payment of the new AMA dues, had better look beyond the point of his nose or he may not have any medical societies to pay dues to.

Earl L. Loftis, M.D.
Dallas, Tex.

. . . The good doctor would think himself fortunate if he knew the dues and assessments of many unions and other associations. Here in California, for example, the osteopaths pay $175 a year—$100 in national dues, $75 in state dues.

J. Lafe Ludwig, M.D.
Los Angeles, Calif.

Best

As an ex-G.P. who has cast his lot with that of the specialists, I'd like to comment on the present rift between generalized and specialized medicine.

What doctors want is of little consequence. What the public is willing to buy will determine the type of medicine that is practiced. The layman seeks the same quality of medical care that the physician wants (and gets), namely, the best. If you'd like to know what that is, just ask the average practitioner where he goes when he or his family is ill.

M.D., Texas

Collections

I read your article "Collecting Via Small Claims Courts." Having a few delinquent obstetrical accounts, I investigated the small claims courts in my own state. I found only two such courts in Ohio. Each serves only its immediate area but, regardless of where the debt was incurred, the debtor is under the court's jurisdiction as long as he is a resident of that area. The limit for any one claim is $50.

I'd like to see more small claims courts set up.

J. W. Burrows, M.D.
Berea, Ohio

Ewing

Your February 1950 article "The Flaws in the Ewing Report" was interesting; but don't you think it was a bit late?

The Ewing report was published in September 1948. The AMA procrastinated so long in producing a rebuttal that in February 1949 my father wrote a paper called "The Country Doctor Answers the Ewing Report." This pa-

the best of Protein

Here is an exceptionally pleasant-tasting new dietary supplement for management of anorexia, febrile illnesses, convalescence, malnutrition, pregnancy and lactation.
The formula tells the story:

Each 45 cc. (3 tablespoonfuls) of *Tronic* provides:

Protein hydrolysate (45% amino acids)	6.8 Gm.	*Calcium glycerophosphate*	130 mg.
Thiamine HCl (vitamin B_1)	4 mg.	*Sodium glycerophosphate*	260 mg.
Riboflavin (vitamin B_2)	2 mg.	*Potassium glycerophosphate*	24 mg.
Pyridoxine HCl (vitamin B_6)	1 mg.	*Manganese glycerophosphate*	16 mg.
Niacinamide	30 mg.	*Alcohol*	17%

Tronic Compound is an unusually complete, well formulated nutritional supplement, and will be found particularly useful for geriatric and pediatric patients, as well as in other branches of medicine. Supplied in *Spasaver*® pints and gallon bottles.
Sharp & Dohme, Philadelphia 1, Pa.

SHARP & DOHME

... and B Complex Vitamins!

Tronic.®

Compound

per was published by the Michigan State Medical Society and was the first answer to Ewing's claims.

John H. DeTar, M.D.
Seattle, Wash.

Let Reader DeTar examine the record more closely. He'll find articles in MEDICAL ECONOMICS *about Mr. Ewing and his report, dating back to the month after the report came out. Thus: "The Nation's Health: a Campaign Issue," October 1948; "In the Cloak Room, With Oscar Ewing," November 1948; "Oscar Ewing Meets the Press," February 1949; "What's Wrong With the Ewing Claims," March 1949; plus several more recent articles and editorial comments.*

Architects

Your April article "New Office Spurs Practice" does a good job of describing my office. But you neglected to mention the architects responsible for its attractive and functional design: Arthur Fehr and Charles Granger of Austin.

G. W. Cleveland, M.D.
Austin, Tex.

Two-Bits

Our local health board is initiating a program by which all school children not indigents are to be inoculated and vaccinated for 25 cents per patient. Local veterinarians for their inoculations receive 25 cents per cow. With perhaps 2,000 cattle a day, and cowboys doing the actual work, this is good business. But how about us M.D.'s?

Fred A. Rechnitz, M.D.
Brush, Colo.

Trusts

I read your articles on investment trusts with much enjoyment. Mr. Steinmetz is to be complimented for his factual and dispassionate treatment of a subject that has been badly handled recently by some top-ranking journalists. He has successfully avoided the ballyhoo that has caused the SEC to crack down on a number of similar presentations.

Douglas G. Wagner
New York, N.Y.

Reds

The medical profession shouldn't be too smug in the belief that it is relatively free of subversive elements. Doctors sometimes ask: "But why should the Communists be so interested in setting up front organizations to infiltrate medicine?" The answer is this: In time of war, physicians who enter the armed forces have top priority in getting secret information. An enemy would regard them as valuable listening posts.

M.D., New Hampshire

Billet-Doux

Doctors in Tunisia have a charming way of presenting bills. They send a printed card that reads like a formal invitation:

"Monsieur the doctor presents his

Effective antihistaminic eye drop...

Antistine

Ophthalmic Solution

"In 50 cases of ocular allergies, Antistine Ophthalmic Solution, used locally, proved of definite therapeutic value. . . . Its efficacy is much greater than that of any of the other ophthalmic medications employed in ocular allergy."[1]

". . . produced symptomatic relief of burning and itching in cases of allergic conjunctivitis."[2]

". . . high efficacious in the treatment of nodular episcleritis."[3]

Dosage of Antistine hydrochloride Ophthalmic Solution, 1 to 2 drops in each eye. Side effects usually are confined to transitory stinging.

ANTISTINE OPHTHALMIC SOLUTION
0.5% in 15 cc. bottles with dropper.

ANTISTINE SCORED TABLETS 100 mg.

1. Hurwitz, P.: Am. J. Ophth., 31: 1409, Nov. 1948
2. Friedlaender & Friedlaender: Ann. Allerg., 6: Jan.-Feb. 1948
3. Grossmann & Loring: Am. J. of Oph., 32:8, Aug. 1949

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

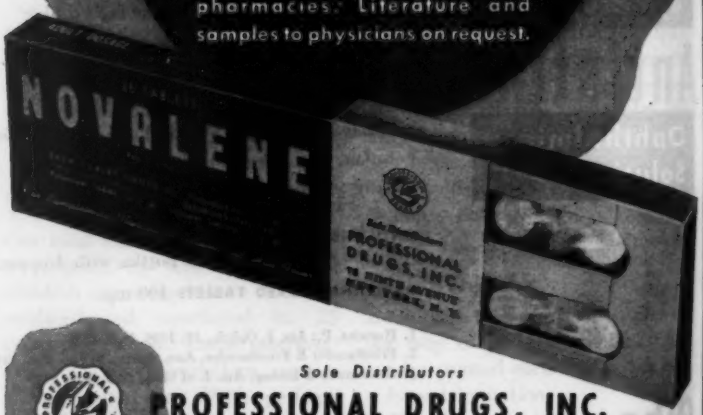
ANTISTINE (brand of antazoline)—Trade Mark Reg. U.S. Pat. Off. 2/1868M

NOVALENE

Reg. U. S. Pat. Off.

NOVALENE — Decongestive Tablets — A time-tested, dependable therapeutic aid . . . provides rapid relief of distressing symptoms in asthma and hay fever without inducing drowsiness or other undesirable side-effects.

SUPPLIED: In packages of 25 and 100 tablets, on prescription. Available through all reliable pharmacies. Literature and samples to physicians on request.



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in the geriatric patient

...biliary stasis is frequently amenable to therapy with Caroid and Bile Salts Tablets. They afford a desirable threefold action as a

choleretic...to produce increased bile flow
digestant...to assist digestion
laxative...to induce peristaltic action and help reestablish normal function.

Intestinal-biliary stasis and impaired digestive function need not "be a part of growing old." The choleretic-digestant-laxative functions of Caroid and Bile Salts Tablets provide effective symptomatic relief.
Available in bottles of 20, 50, 100, 500 and 1000.
Literature and trial supply on request.

tablets of **Caroid and Bile Salts**
with Phenolphthalein

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Ferment
Company, Inc., 1450 Broadway, New York 18, N. Y.

Potent ORAL PENICILLIN for All Age Groups

White's **drop-cillin** —a truly palatable liquid for drop-dosage to infants and small children—administered direct from the dropper or added to the first ounce or two of formula or other liquid—no tablets to crush, in suitable cases no unwanted injections—

50,000 UNITS* IN ONE DROPPERFUL

White's **dram-cillin** —for children and adults—the pleasant palatability which assures round-the-clock dosage—high potency in convenient dosage:

100,000 UNITS* IN A TEASPOONFUL

SUPPLIED

DROP-CILLIN—Supplied in 9 cc. "drop-dosage" bottles containing 600,000 units of penicillin. Solution is pink in color. Accompanying calibrated dropper (filled to mark) delivers approximately 20 drops (0.75 cc.) containing 50,000 units of penicillin.*

DRAM-CILLIN—in 60 cc. "teaspoonful-dosage" bottles containing 1,200,000 units of penicillin. Solution is ruby-red in color. Each teaspoonful (approximately 5 cc.) provides 100,000 units of penicillin.*

*(*buffered penicillin G potassium*)

Supplied to the pharmacist as a dry white crystalline powder. Dispensed freshly prepared, these delicious vanilla-flavored solutions will retain full stated penicillin potency for seven days when refrigerated.

WHITE LABORATORIES, Inc., Pharmaceutical Manufacturers, Newark 7, New Jersey

compliments to [name of patient], and according to custom has the honor to present him with a note amounting to [sum of bill]."

A newcomer to the country is so pleased with the polite phraseology that he tends to overlook the amount of the bill—which is more than often excessive.

Paul Wright
Atlanta, Ga.

de Kruif

I don't know how well Isabel K. Brown knows Paul de Kruif; but in reviewing his book "Life Among the Doctors," she certainly interpreted completely and dispassionately his attitude toward the medical profession.

I was a student in bacteriology at the University of Michigan when de Kruif was teaching that subject and attempting to complete his medical education on a half-time basis. He finished his first two years of medicine, left for a year's service as an officer in the Sanitary Corps of the Army, then came back to wind up his medical education. He found the discipline too difficult, though, and quit in his junior year, giving up all hope of a medical degree. I feel sure this has always rankled and is the real cause for his attitude toward medical men.

I never had anything but very pleasant feelings toward him as a teacher, and had no difficulty whatever in passing his courses.

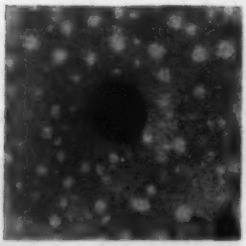
Ralph O. Rychener, M.D.
Memphis, Tenn.

"A germ's eye-view" of

Bactine

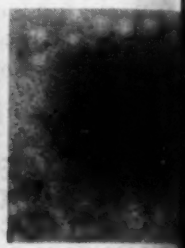
in action

Electron photomicrographs (x 32,000) strikingly demonstrate *Bactine's* unusual "explosive" or disintegrating action on bacteria. Minute globules of *Bactine* coat the organism and readily break through its protective membrane. Rupture of the germ's cell wall is rapidly followed by complete disintegration.



First stage
The small, light-colored globules are *Bactine*. Note their accumulation around the Staphylococcus.

Second stage
Disintegration is beginning at the periphery of the bacterial body.



Third stage
Beginning of the end. Complete integration of the outer portion of Staphylococcus. Contents of the bacterial body are being released.

achievement in antisepsis

Bactine

TRADE MARK

new, powerful—yet gentle—antiseptic, bactericide, cleanser-deodorant, fungicide

These distinctive features make *Bactine* invaluable for office, hospital, personal and home use—

Bactine is a clear, colorless, non-staining liquid with a clean, fresh odor.

Bactine makes skin, clothing, textiles, glass, metal, plastic and enamel surfaces surgically clean.

Bactine gives prolonged protection to hands and other disinfected surfaces. This keeps them antibacterial for several hours after application despite re-contamination.

Bactine is effective against most pathogenic organisms and against at least fourteen common types of pathogenic fungi.

Bactine is gentle to the skin and practically painless on abrasions and cuts.

The end
Disintegration and dispersal.

Bactine has mildly cooling and local anesthetic action. It is unusually effective for relief of itching due to mosquito and other insect bites. It relieves the discomfort of sunburn, prickly heat, cold sores, minor burns and poison ivy.

Bactine is a true deodorant-cleanser. It does not mask but eliminates odors and destroys bacteria responsible for them.

Bactine is now available from your usual source of supply. A comprehensive brochure describing the research background, the unique properties and the many uses of *Bactine* will be sent you on request.

MILES LABORATORIES, INC · ELKHART, INDIANA

·the oral route is the simplest

For maintaining the edema-free state, here—at last—is truly effective oral mercurial diuretic therapy. One or two Tablets MERCUHYDRIN® with Ascorbic Acid daily (more when indicated) generally controls cardiac edema with

greater convenience. greater economy. greater safety

tablets MERCUHYDRIN WITH ASCORBIC

After parenteral therapy, your patient has been brought to unfluctuating basic weight. Then systematic oral therapy employing Tablets MERCUHYDRIN (brand of meralluride) with Ascorbic Acid may eliminate the need for injections entirely in mild decompensation. In more advanced cases, you can greatly reduce the number of injections required to maintain your patients free of edema.

Prolongation of the interval between injections simplifies management. The diuretic response is good, the tablets are well tolerated, the method is convenient, and the economy considerable.

Packaging: Tablets MERCUHYDRIN with Ascorbic Acid, available in bottles of 100 tablets. Each tablet contains meralluride 60 mg. (equivalent to 19.5 mg. mercury) and ascorbic acid 100 mg.

Lakeside Laboratories, INC.

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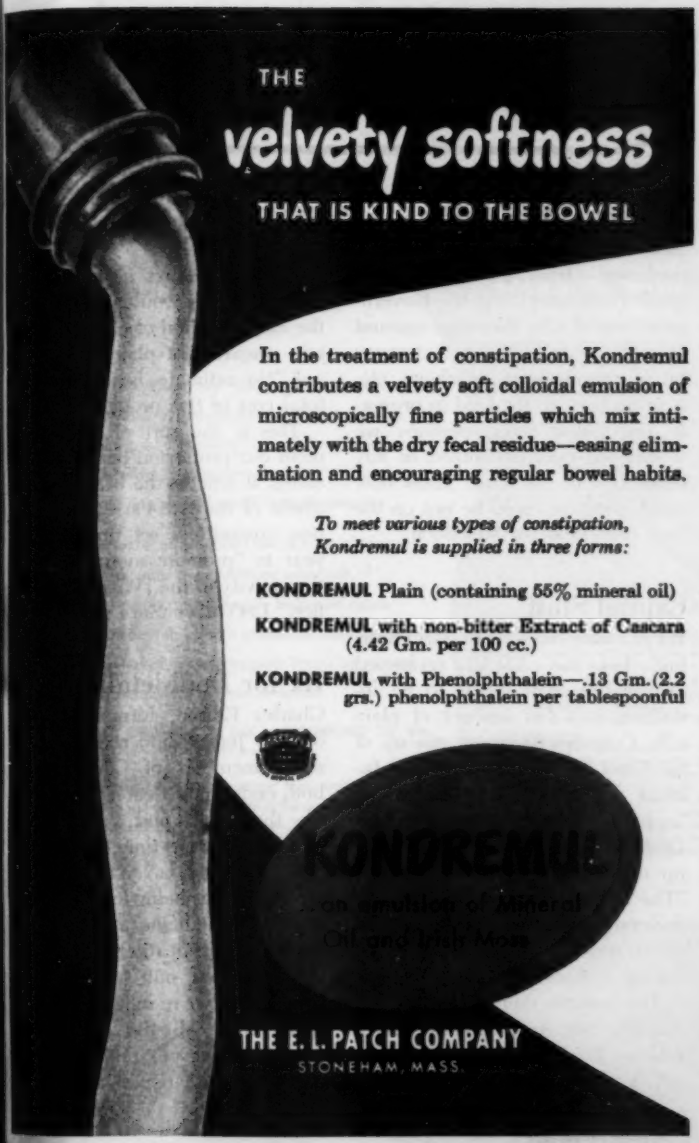

THE
velvety softness
THAT IS KIND TO THE BOWEL
In the treatment of constipation, Kondremul contributes a velvety soft colloidal emulsion of microscopically fine particles which mix intimately with the dry fecal residue—easing elimination and encouraging regular bowel habits.
To meet various types of constipation, Kondremul is supplied in three forms:
KONDREMUL Plain (containing 55% mineral oil)
KONDREMUL with non-bitter Extract of Cascara (4.42 Gm. per 100 cc.)
KONDREMUL with Phenolphthalein—.13 Gm. (2.2 grs.) phenolphthalein per tablespoonful
KONDREMUL
an emulsion of Mineral Oil and Irish Moss
THE E. L. PATCH COMPANY
STONEHAM, MASS.

Sidelights

Compost Preferred

Add arguments against socialized medicine (from the journal Organic Gardening): "If the Government would take the same amount of money and see to it that every bit of organic waste, garbage, etc. is given back to the land in properly composted form, perhaps we would not need socialized or any other kind of medicine. Think how much compost could be put on the land each year for $6 billion!"

Capital Stuff

It's probably too soon to start cheering, but the AMA's revamped Washington staff seems to be indulging in a fair amount of plain talk. Consider its recent size-up of the Hunt health bill (S. 2940). Instead of "reserving judgment" or "approving the spirit of the bill" (gobbledygook for "we can't make up our minds") this report says: "The bill provides for programs of Federally directed medical care, which must be opposed for the following reasons . . ."

The bulletin then ticks off seven realistic objections to the Hunt scheme. For example:

¶ "Federal control of medical care will inevitably result from the plan of national insurance proposed by Title III."

¶ "The national insurance plan under Title III would . . . eliminate the major portion of existing voluntary prepayment plans."

¶ "No estimate is made of the total cost of this program."

This is the sort of blunt comment our profession has needed all along. It reflects the brass-tacks attitude of the AMA's legislative action committee, set up early this year to "promote more effectively the activity of the [Washington] office." Let's have more of same.

Rx for Doubletalk

Charles Edison, former Governor of New Jersey, said recently: "Too many members of Congress play both ends against each other, straddle the fence, and say 'yes' and 'no' at the same time."

In case you haven't heard, this same charge is being leveled against organized medicine. And not without some justification.

As pointed out earlier, people know what we're *against*. But they don't know all the things we're *for*. Nor have our national policy makers done enough in the pa

What makes Donnatal so effective... so safe?...

...NATURAL BELLADONNA ALKALOIDS ...BALANCED WITH LABORATORY PRECISION

Donnatal—one of the most widely employed spasmolytics today—derives its ever-increasing professional popularity from its dependable efficacy and its safety...demonstrated by controlled investigative studies,[2,3,4,5,6] and by gratifying clinical results in daily practice.

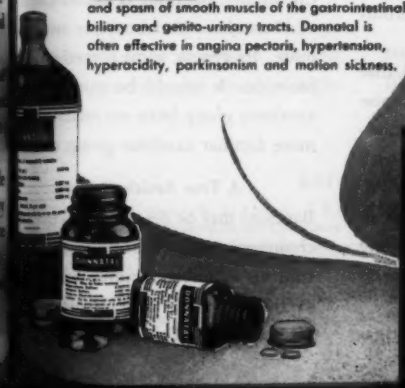
The secret of its success lies in its employment of only *natural belladonna alkaloids*,[1,2,4] in precisely and optimally balanced ratios—together with a small content of phenobarbital, for relief of the psychogenic factor by central and peripheral nervous sedation.

A. H. ROBINS CO., INC. • RICHMOND 20, VA.
Ethical Pharmaceuticals of Merit since 1878

[redacted]Hypertonicity, hypermotility and spasm of smooth muscle of the gastrointestinal, biliary and genito-urinary tracts. Donnatal is often effective in angina pectoris, hypertension, hyperacidity, parkinsonism and motion sickness.

[redacted]Tablets or Capsules: 1 to 2, three or more times daily (up to 9 tablets or capsules may be given within 24 hours without toxic effects).
Elixir: Infants: ½ teaspoonful 2 or 3 times daily, as necessary. Children: 1 teaspoonful, 2 or 3 times daily, as needed. Adults: 1 or 2 teaspoonfuls, 3 or 4 times daily.

[redacted]1. Goodman, L. and Gilman, A.: The Pharmacologic Basis of Therapeutics, The Macmillan Co., New York, 1941. 2. Kilstein, B. L.: Rev. Gastroenterol., 14:171, 1947. 3. Lee, L. W.: Nebraska State Med. J., 34:59, 1949. 4. Merrissey, J. H.: J. Urol., 57:635, 1947. 5. Rist, J. V.: Contributions from Dept. of Gynecology, City Hospital, New York, 1946, New York Medical College, New York, 1947. 6. Stephens, G. E.: J. Oklahoma St. Med. Assoc., 42:246, 1949.



A Major Advance in Peptic Ulcer Therapy:

Banthine*

BROMIDE

Brand of Methantheline Bromide

AN ORIGINAL RESEARCH PRODUCT PROVIDING A NEW THERAPEUTIC APPROACH

ENCOURAGING results with Banthine in a group of refractory peptic ulcer patients were reported by Longino, Grimson, Chittum and Metcalf[1] and later in an enlarged series of patients by Grimson and Lyons[2]. Their observations interested other investigators[3-5] who have obtained equally promising results with this new drug.

These early observers[1,2] noticed that symptoms are sometimes relieved as soon as fifteen minutes following the institution of therapy, and in patients with long-standing, intractable pain discomfort becomes mild and intermittent or disappears. Their conclusions regarding healing of the ulcer are based on roentgenographic evidence.

Thorough pharmacologic investigations indicate that Banthine is a potent but safe drug in therapeutic doses. In these studies no abnormality of the blood or urine or other evidence of toxicity was observed.

BANTHINE: THE DRUG

Chemically, Banthine is β-diethylaminoethyl xanthene-9-carboxylate methobromide. Its generic name is methantheline bromide. It should be noted that the xanthene group bears no relation to the more familiar xanthine group of drugs.

A True Anticholinergic

Banthine may be described as a true anticholinergic drug. In therapeutic doses it controls autonomic stimuli which result in the vagotonia characteristic of the ulcer diathesis. This action is effected at

*Trademark of G. D. Searle & Co.

A Major Advance in Peptic Ulcer Therapy

the ganglions of both the sympathetic and parasympathetic systems and, in addition, at the postganglionic nerve endings of the parasympathetic system alone. Thus, the resulting therapeutic action is that of control of excessive parasympathetic stimuli effecting a consistent reduction of gastric hypermotility and, in most patients, a reduction in the hyperacidity which is commonly associated with peptic ulcer.

ADMINISTRATION

Because of the prominence of emotional or situational stresses in the ulcer patient and because these stresses vary in each patient, it is necessary to adjust Banthine dosage to meet individual requirements. Initial dosage may be 50 or 100 mg. (one or two tablets) every six hours, day and night, with subsequent adjustment to the patient's needs and tolerance. In addition, the usual adjunctive measures of diet, rest and relaxation should be prescribed for at least the first few weeks of treatment.

It is important that the usual high night secretions be controlled. To this end it is recommended that the night dose be taken six hours prior to the usual time of arising. Further, after the ulcer is healed, it is important that the patient be placed on a maintenance dosage schedule if he is to have a reasonable assurance of nonrecurrence. The maintenance dosage may well be approximately one-half the therapeutic dose and no evidence of chronic toxicity has been observed in maintenance dosage although this experience covers only a period of sixteen months.

Patients may report dryness of the mouth, mild degrees of blurring of vision, slight difficulty of urination or gastric fulness; these symptoms usually decrease or disappear on continued medication but if they are severe they may require dosage adjustment. Untoward reactions with Banthine therapy have not been encountered.

More complete suggestions for Banthine administration are available to the medical profession in Searle Reference Manual No. 40.

Banthine is a product of Searle research. G. D. Searle & Co., Chicago 80, Illinois.

REFERENCES

1. Longino, F. H.; Grimson, K. S.; Chittum, J. R., and Metcalf, B. H.: An Orally Effective Quaternary Amine, Banthine, Capable of Reducing Gastric Motility and Secretions, Gastroenterology 14:301 (Feb.) 1950.
2. Grimson, K. S., and Lyons, C. K.: Scientific Exhibit at the American Academy of General Practice, St. Louis, Feb. 20-23, 1950.
3. Grollman, A.: Pharmacology and Therapeutics, ed. 14, Philadelphia, Lea & Febiger, in press.
4. Dragstedt, L. R.: Personal communication, March 23, 1950.
5. Collins, E. N.: Personal communication, March 28, 1950.

year to clear up the confusion.

Further prodding by progressive state medical associations would encourage a ditching of this maybe-yes-maybe-no policy. To that end, we advise rereading the 1950 policy statemeht of the Medical Society of New Jersey:

"The time has arrived when we must particularize, specify, and spell out in detail precisely how we propose to solve the problem of providing medical care through voluntary insurance—especially to the low, the lower, and the lowest income groups who most need such plans . . .

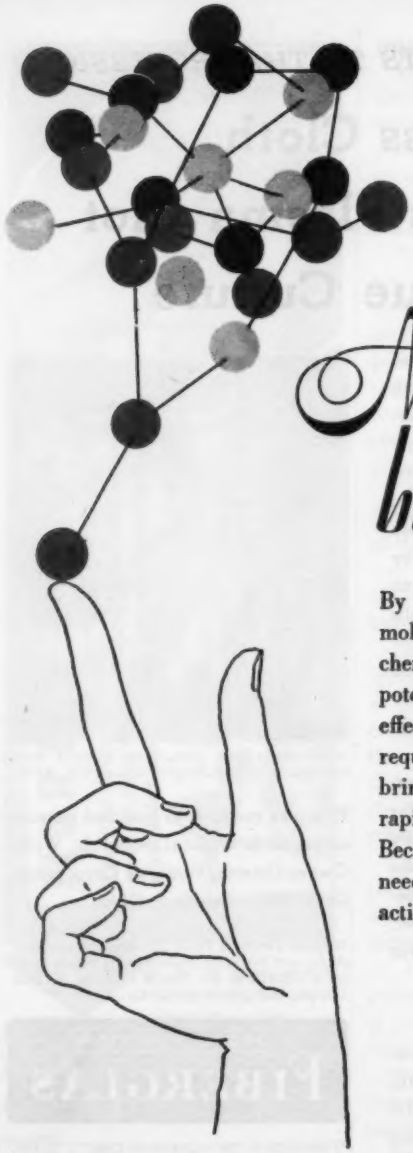
"The people have demonstrated that they will accept the guidance of the medical profession—provided only that medical leadership will offer realistic, comprehensive solutions. . . .

"It is not yet too late for the responsible citizens of a free society to put government in its place and to keep it there. But . . . whenever the citizens, acting through voluntary mechanisms, fail to solve undeniable social problems, governmental action is inevitable. . . .

"The public is waiting for, expecting—practically demanding—some strong, specific program of action from the medical profession . . . It is no longer sufficient to offer general principles and statements of purpose. We must get down to cases."

With the AMA House of Delegates convening in California this month, we can only add:

Frisco papers, please copy.



Molecular balance

By scientific rearrangement of molecular configuration our chemists have produced the most potent antihistamine known. So effective that only 2 to 4 mg. are required, Chlor-*Trimeton** Maleate brings to the allergy sufferer more rapid and more prolonged relief. Because so small a dose is needed for a therapeutic effect, side actions are relatively infrequent.

Chlor-Trimeton

maleate

(brand of chlorprophenpyridamine maleate)

Chlor-*Trimeton* is indicated for symptomatic control of hay fever, perennial allergic rhinitis, urticaria, angioedema, atopic eczema and dermatitis, and antibiotic sensitivity reactions. It is valuable as an adjunct to specific hyposensitization procedures where it should be given one-half hour prior to injection. Chlor-*Trimeton* allows higher dosage of antigen to be administered and also serves to minimize possible constitutional reactions.

Chlor-*trimeton* maleate (brand of chlorprophenpyridamine maleate) 4 mg. tablet. In bottles of 100 and 1000 tablets.

*T.M.

Schering

CORPORATION BLOOMFIELD, NEW JERSEY

CHLOR-TRIMETON

SCHERING

a **new** *antibacterial agent...*

Wide antibacterial activity, low toxicity and virtual elimination of renal complications distinguish the use of Gantrisin* 'Roche', a new and remarkably soluble sulfonamide. Highly effective in urinary as well as systemic infections, Gantrisin does not require alkali therapy because it is soluble even in mildly acid urine. More than 20 articles in the recent literature attest its high therapeutic value and the low incidence of side-effects. Gantrisin is now available in 0.5 Gm tablets, as a syrup, and in ampuls. Additional information on request.

HOFFMANN-LA ROCHE INC • NUTLEY 10 • N. J.

Gantrisin®

* *Brand of sulfisoxazole (3,4-dimethyl-5-sulfanilamido-isoxazole)*

'Roche'

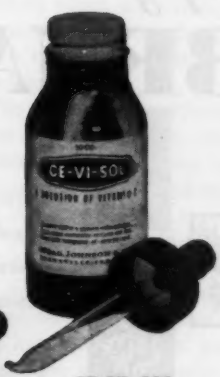
These are the VERSATILE "VI-SOLS"

POLY-VI-SOL
Each 0.6 cc. supplies:

Vitamin A	5000 USP units
Vitamin D	1000 USP units
Ascorbic Acid	50.0 mg.
Thiamine	1.0 mg.
Riboflavin	0.8 mg.
Niacinamide	5.0 mg.

TRI-VI-SOL
Each 0.6 cc. supplies:

Vitamin A	5000 USP units
Vitamin D	1000 USP units
Ascorbic Acid	50 mg.



CE-VI-SOL
Each 0.5 cc. supplies:
Ascorbic Acid 50 mg.

Flexible In the Vi-Sols the physician has *three* water-soluble liquid vitamin preparations from which to choose. Poly-Vi-Sol provides six essential vitamins, Tri-Vi-Sol vitamins A, D and C, and Ce-Vi-Sol vitamin C.

Pleasant-tasting The Vi-Sols are exceedingly palatable and make vitamin supplementation a pleasant experience.

Economical Highly concentrated, the Vi-Sols provide vitamin supplementation for infants and children at low cost.

Convenient The Vi-Sols are supplied in 15 and 50 cc. bottles accompanied by easy-to-read calibrated droppers to make administration easy and dosage accurate.

MEAD'S

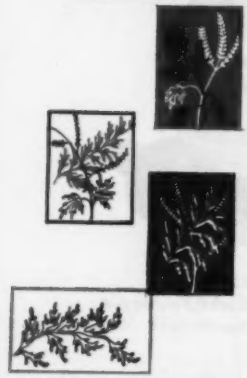
MEAD JOHNSON & CO.
EVANSVILLE 21, IND., U. S. A.

Indication:

HAY FEVER

Therapy:

BENADRYL®



This is the season when bleary-eyed, sneezing patients turn to you for the rapid, sustained relief of their hay fever symptoms which BENADRYL provides.

Today, for your convenience and ease of administration, BENADRYL Hydrochloride (diphenhydramine hydrochloride, Parke-Davis) is available in a wider variety of forms than ever before including Kapseals®, Capsules, Elixir and Steri-Vials®.

PARKE, DAVIS & COMPANY

MEDICAMENTA VERA

Editorial

Democracy in Medicine

• Is organized medicine run "by and for a small clique"?

You've heard that claim before. We all have—from doctors as well as from laymen. And let's be perfectly frank:

There used to be a certain amount of truth to the charge. Perhaps there still is. But whatever validity it once had is starting to fade.

Medicine is still a long way from being "the most truly democratic body in America," as one man recently described it. But we're beginning to move in that direction.

Just eighteen months ago, Dr. Edward J. McCormick, an AMA trustee, voiced the opinion that "only about 1,600 doctors in the U.S. do the heavy organizational work for medicine." Today things are different. Fully 75,000 medical men have pitched in to make the AMA's anti-compulsion campaign click. "The *medical societies* cannot win this fight," says Clem Whitaker, "but their *members* can."

This new reliance on the rank and file is having pronounced side-effects. As never before, doctors are showing a marked interest in their medical societies. As never before, doctors are seeking ways to make them more democratic in action.

All of which underlines the importance of recent gains in this realm. Here are five that will bear watching:

The grass-roots referendum. Some medical societies, when confronted with a real poser, now poll their members before taking action. This is a sure-fire way of exploding the "clique" notion. In the District of Columbia, for example, the story got around that medical society opposition to the Truman health plan flaunted members' wishes. A referendum was promptly staged. Of 918 doctors responding, only twenty-one voted for the Truman scheme.

Openly-contested elections. Many a medical society used to force on its members a single slate of "official" candidates. This practice is happily on the wane. Doctors in New York County, for example, now pick their officers by voting on two opposing slates. Where 275 physicians used to turn out on election night, some 3,000 now flock to the polls. Any way you slice it, that's a boost for the democratic process. [*Turn page*]

Openly-arrived-at policies. Secret meetings were once the mainstay of some medical societies. AMA members (even including state association officers) were barred from executive sessions of the AMA House of Delegates. This policy backfired badly in December 1948. The $25 assessment, decided on behind closed doors, touched off a flurry of charges and countercharges among the AMA membership. Since that rumpus, AMA delegates have wisely done all their debating in full view of public, press, and constituents.

Boost for minorities. During the past year, Dr. Leslie S. Kent of Eugene, Ore., became the first woman ever to head a state medical society. Dr. Peter M. Murray of New York became the first Negro ever to win election to the AMA House of Delegates. These are early signs that medicine is working to give a fair shake to its minority groups.

Constitutional changes. These aim at making medical society officers more responsive to the wishes of the rank and file. The AMA constitution adopted in 1948, for example, takes certain editorial and assessment powers out of the trustees' hands, vests them in the House of Delegates. Changes in some of the states reflect the same trend.

Job for Doctors

There you have five antidotes for cliques. To date, however, they've been spottily applied. What can we do about it?

We can start by taking a close look at our own medical societies. If needed, we can plump for the correctives mentioned above. And we can elect delegates who will do the same in medicine's higher echelons.

Right now, while the grass-roots renaissance is in full swing, is the time to work for these goals. Right now, while medicine is under sharp political attack, is the time to rub out the last traces of "cliquism."

—H. SHERIDAN BAKETEL, M.D.

Top Story

● The patient was to be X-rayed; so I told her to undress, gave her an examining robe, and said, "Just put this over your head." Three minutes later, having followed my instructions to a tee, she waltzed into the diagnostic room naked as a jaybird. The gown, still neatly folded, was balanced Bali-style atop her coiffure.

—TECHNICIAN, NEW YORK

'Cliques Are *Your* Doing'

An AMA officer's reply to those who say medicine needs more democratic rule

• I have often described the American Medical Association as "the most truly democratic body in America." In structure it is. The trouble with its day-to-day operation is lack of interest among grass-roots physicians—lack of interest, especially, in the work of their county medical societies.

The big job today is to awaken interest—to encourage every practitioner to take an active part in the affairs of his local medical association. The constitution of the AMA is such that if each physician becomes a working element in his county society, the delegates to the national body will be the true product of local action.

Even the non-delegate can speak his piece at the national level. For the reference committee meetings of the House of Delegates are, and have always been, open to any AMA member, delegate or not, who wants to be heard on any subject under discussion.

I have for many years been active in organized medicine, from the county level up. I can testify from experience that the universal outcry among medical society officers—county, state, and national—has been against rank-and-file indifference.

Any lack of democracy in the work of organized medicine today can be blamed directly on this indifference. It is not the result of an effort by so-called cliques to dominate. The point is that a handful of interested men have *had* to carry on while the majority were sitting idly by.

This, then, is a plea for a more widespread, dynamic interest in the operation of our association. It is easy to stand around and criticize while others devote the best part of their lives to the interests of the profession. It is something else to roll up one's sleeves and pitch in. In its present crisis, organized medicine needs fewer bystanders in its ranks, many more active workers.—FRANCIS F. BORZELL, M.D.

**Here is another slant on the topic of this month's editorial ("Democracy in Medicine," page 49.) Francis F. Borzell, the author, is speaker of the House of Delegates of the American Medical Association.*

Dr. Williams' Double Life

"I write before lunch, during lunch, and after lunch," says Physician-Poet William Carlos Williams. Between bites, he also turns out stories, articles, plays, novels, and operettas.

CLOSE UP

One of America's major poets, and the current toast of *avant-garde* literary circles is a brisk, bespectacled pediatrician who has been practicing medicine in Rutherford, N.J., for forty of his sixty-seven years.

Although William Carlos Williams recently received the National Book Award for his volumes "Paterson III" and "Selected Poems," he's modest about his achievements. "Some people find pleasure in polishing the family car," he says. "I write poetry."

In his glib way, he makes it sound easy, but he's always had to hustle to be a part-time poet and a full-time doctor. Now, in addition, he must fulfill the obligations of literary lionhood. This includes everything from making phonograph records of his poems to posing for photographs by Vogue.

Even more of a chore is answering the flood of letters from hopeful authors seeking advice. Although he's occasionally irked by snobs who send five-pound manuscripts, Dr. Williams dutifully answers every letter. "Many people," he says, "feel they're admitting to weakness when they say they like poetry. They need to be reassured." But he has less sympathy for his teen-age correspondents: They want him to compose their high-school themes.

Many people have heard of William Carlos Williams, but probably only a few have read his writings. Said The New York Times in reviewing the third book of his long poem "Paterson": "Dr. Williams holds that poetry should be for the man—or rather, as he has said, for the woman in the street, but it is likely that his long poem will not be read any more widely by an unskilled public than was the poetry of Whitman. This is because it is highly artistic, self-conscious, and intellectually controlled in a fashion suited to sophisticated, or at least to intellectually educable, taste."

"Paterson" is a rhymeless poem centered about New Jersey's industrial city. More than any other single factor, it has served to catapult Dr. Williams into the limelight. Time magazine includes the poem on its "Recent and Readable" list, calls its author the "Dreiser of U.S. poets." The Kansas City (Mo.) Journal takes a less enthusiastic view. "Williams' books," it opines, "read as if they might have been written by a Greenwich Village vagabond or a Paris expatriate."

Whatever bouquets or brickbats may come his way, Bill Williams sticks to his credo of creative independence. "I'll write whatever I damn please, whenever I damn please, and as I damn please."

Perched before his typewriter in the small study of his huge, multi-gabled yellow clapboard house, the doctor does his best work in the morning "when my mind is clear and burning." At such times, he reports, "I write faster than I can

[*Continued on page* 146]

The G.P. Stages A Comeback

He's getting his biggest boost from the American Academy of General Practice

● Three years ago, the fortunes of the family doctor scraped bottom. The flood tide of specialism was at its post-war peak. The G.P. was submerged—and choking for air.

If you attended a typical medical meeting that spring—say, the centenary program of the New York Academy of Medicine—here is what you heard:

From a medical society president: "The G.P. is a doctor who was unable to obtain a residency,

or who could not afford to. He accepted general practice as a compromise, not as an opportunity for service . . . Once the vicious cycle of incompetence, inadequacy, and disappointment is introduced, it is difficult to expect a miracle. Our general practitioners are twenty years behind the times."

From a medical school administrator: "I interviewed most of the senior medical students in our last class. I found that nineteen were going to be brain surgeons. Twenty-five were going into internal medicine. The rest were planning to be ENT men, gynecologists, allergists, and whatnot. I'm afraid we didn't

graduate anyone who was going to take care of sick people."

From a practicing G.P.: "The family doctor is all washed up. Take my own case. My only assistants are a nurse, a technician, and a secretary. Yet we've handled as many as 12,000 home and office calls a year. This sort of thing should have stopped twenty-five years ago. For every two G.P.'s, we ought to substitute an internist and a surgeon."

...the G.P. revival are these ...y officers: (l. to r.) Dr. ... Truman, president; Dr. ... Sanders, president-elect; Dr. ... Walls, board chairman; and ... Cahal, executive secretary.

While these requiems were being sounded, 150 family physicians pushed their way into an Atlantic City hotel room. These men had different ideas. After all, they told each other, weren't there 100,000 G.P.'s around the country? Didn't they represent the backbone of the profession? Said one man: "All we need is a little organized spine-stiffening."

That's what they needed—and that's what they got.

Medicine has never before seen anything quite like the American Academy of General Practice, founded in that sultry hotel room three years ago this month. Its growth (13,500 current members) has been without precedent. Its meetings reflect the ripsnorting spirit of a football rally*—plus something else.

One observer marveled at how the G.P.'s "filled the meeting rooms ahead of time, stayed late, kept the speakers answering questions afterward." Said another: "In the undercurrent and overtones of the entire meeting, one sensed a tremendous, almost feverish desire to absorb every available scrap of information."

The accent, in short, is on self-improvement. To keep up his academy membership, a G.P. must put in 150 hours every three years at refresher courses, medical meetings, hospital staff meetings, and such. "Our aim," Past President Paul A. Davis says bluntly, "is to make better general practitioners."

Toward this end, the academy is

¶ Sponsoring topnotch clinical

*So much so, at some meetings, that more than one AAGP officer has felt obliged to complain about the prevailing lack of dignity. Example at the 1950 session: To boost the cause of a Louisiana candidate for academy office, a colored mammy passed out pralines to the assembled delegates.

sessions of its own. The February 1950 program, for example, featured such men as Drs. Elliot Joslin, Irving Wright, Charles Burlingame. Nearly 3,000 family physicians attended.

¶ Urging its forty-five state-wide chapters to sponsor similar teaching programs.

¶ Publishing monthly reports on refresher courses for G.P.'s.

¶ Planning a nation-wide appraisal of all P.G. training for general practitioners.

¶ Recommending that all G.P.'s-to-be get two full years of hospital training, including medicine, pediatrics, obstetrics, gynecology, and surgery.

The hoped-for result? In the words of one man, "a new type G.P. who cannot be relegated to an inferior professional and economic position, as a mere feeder for specialists."

The Hospital Quandary

Besides sparking this improve-yourself drive, the G.P. academy is working for a new deal in hospital privileges. Many a member has made this his pet project. "Hospitals were created for the care of the sick," says an irate family doctor in Michigan—"not for the convenience of any group of specialists. There haven't been enough hospital beds to satisfy the demand, so the specialists have tried to corner the supply."

Not too many academy members are actually cut off from hospital services. A recent survey of 3,560 AAGP men showed that 97 per cent were members of active or visiting staffs. But many of these doctors believe they're unduly restricted in the in-patient work they're permitted to do. The academy's proposed solution:

1. General practice departments in all clinically well-departmentalized general hospitals.

2. Specific privileges granted to each staff G.P. on the basis of his own ability.

Staff Privileges Defined

According to the AMA, some 830 hospitals already have G.P. sections. But many of these don't fit the pattern blocked out in the academy's "Manual for the Establishment and Operation of a Department of General Practice in Hospitals."

Some excerpts:

"The [hospital's] medical staff shall consist of a department of medicine, a department of surgery, and a department of general practice, each with equal vote . . . The general practitioner who is accorded staff membership shall be permitted to engage in the practice of internal medicine, pediatrics, obstetrics (to include outlet forceps, episiotomy, cervical and perineal repair), and surgery, as shall be determined for each individual by the credentials committee . . . Members of the general practice section, on the active staff, who feel themselves qualified to engage

in more advanced work . . . may apply for such privilege."

Though the push for stronger G.P. sections has the blessing of both AMA and AHA, some doctors take a dim view of it. Says one specialist:

"No physician can object to current efforts of G.P.'s to enhance their dignity and improve their status. But the demand for a general practice section in hospitals is unrealistic and unreasonable. A patient is hospitalized because he has an obscure condition or because he has a serious, clearly diagnosed disorder. If his illness is obscure, he is entitled to the services of specialists. If he has a serious, well-defined ailment, it would be indefensible to skip over the specialists on the staff and assign him to the care of a G.P.

"May I ask what the G.P. himself would do if he had an otitis serious enough to require hospitalization? Would he call on a G.P., or would he enlist the help of an otologic colleague?"

To which a G.P. spokesman retorts: "It all depends on the individual doctor—and so does our proposed policy. We don't recommend blanket privileges for anyone; but if a competent committee of medical men finds that a certain staff G.P. is fully capable of handling my ailment—well, *I'd* be glad to have him for *my* doctor.

"The purpose of a general practice section is to let G.P.'s do inpatient procedures for which they

A Decade Ago in *Medical Economics*

• "Another [recommended] course of action calls for the formation of a new and entirely independent organization within American medicine. This body, whose relationship to the AMA would parallel that of the American College of Surgeons, would be dedicated exclusively to general practice. Its advocates believe it could successfully achieve every one of the fundamental objectives toward which the general practitioner is now looking, namely: (1) *representation* in the government of medicine, (2) *opportunity* for post-graduate study, and (3) *recognition* of his scientific attainments." —*December 1940*

"[Further] steps that must be taken include the appointment of general practitioners to hospital staffs, and the integration of their services there with the services of specialists." —*July 1941*

are properly qualified. If they're not properly qualified, they won't get the work. But as things stand now, many of them don't get the work even if they *are* properly qualified.

"The G.P. section isn't a theoretical idea. It has been put to the test in dozens of hospitals, and it's come through. It's a concrete, workable proposal that doesn't ask anything unreasonable of anyone."

Whatever its relations with some specialist groups, the academy has a close and cordial link with the AMA. Note, for example, this AAGP dictum: "The academy will continue to refrain from adding to the babble of self-appointed voices for American medicine. It will follow the lead laid down by the parent body of medicine in America and lend its support when needed . . . Divergent or duplicating announcements from various segments of the profession serve only to cause confusion and to weaken the hand of organized medicine."

Likely to be a strong, cohesive force among family doctors is the academy's handsome new journal, GP. Its third issue is due out this month. Says the publication committee: "A dozen sources have commented that the one thing we don't need in this country is another medical journal—and they are right. But there is plenty of room at the top—room for something outstanding, something new, something dramatic . . . We have set ourselves the goal of publishing the finest medical journal in America."

To help it toward that goal, GP has a talented editor (Dr. Walter C. Alvarez* of the Mayo Clinic), an able publisher (Mac F. Cahal, the academy's executive secretary), and a lot of advertising appeal. It should go far—and carry the G.P.'s morale up with it.

Into the academy's Kansas City (Mo.) headquarters today pours a steady stream of membership applications—several hundred each month. Some time next year, if this keeps on, the AAGP will displace the American College of Surgeons as the second largest organization of doctors in the U.S.

What then? Will organized G.P.'s

*The original editor, Dr. F. Kenneth Albrecht, died shortly before the first issue came out.

Who says the G.P.'s lot is not a happy one? Smiling Andy Hall has delivered 3,500 babies in his home county—one-tenth of its population—and has never refused a call. At 84, this AMA-designated "G.P. of the Year" still practices in Mt. Vernon, Ill.

be ready at last to wield the influence their numbers warrant?

Any realistic forecast must take into account the academy's No. 1 problem: leadership. Most of the gains made so far—the ambitious self-improvement program, the drive for hospital privileges, the enrollment surge, the journal—reflect the work of but a few able men in a few places. The leadership problem is thus one of quantity, quality, and distribution.

In certain areas—the East, for example—more G.P.'s are needed to spark the development of local chapters. These areas also need more adequate representation on the AAGP national directorate.

With several notable exceptions, the G.P. academy today is stronger at the bottom than at the top. In some ways, that's good. But not in AAGP relations with hospitals, with specialist societies, with other professional bodies, with the public, and with official Washington.

Insiders are well aware of this. Said one last month: "Our ability to stage a comeback will be no greater, or less, than our ability to develop the necessary leaders."

What gave rise to the leadership problem in the first place? Mostly the fact that G.P.'s have traditionally taken a back seat, while specialists have taken a front seat, in medical organizational work. That they must now take time to develop proficiency along such lines is no wonder. In their very success with the American Academy of General Practice lies their greatest challenge.

—JOHN BYRNE

"Dr. Farnicks hasn't been himself since he found that case of throat irritation."

What the 'Loyal Opposition' Wants

How the protest-signers feel today, after sixteen months of the AMA's new program

"Look," said the doctor earnestly, "none of us wants a revolution in medicine. But we do want evolution—with our own professional association leading the way. So far, I'm afraid, it's been bringing up the rear."

Nobody knows exactly how many medical men share these sentiments. But everybody knows about "the protest"—a sizzling 1949 document reflecting such views.

Some 200 topflight AMA members signed it. Among them were such men as Drs. Hugh J. Morgan, George Baehr, Edwards A. Park, H. F. Helmholz, Walter Bauer, W. Barry Wood, Chester S. Keefer, Allen O. Whipple, Alton Ochsner, James Howard Means, and Wilburt C. Davison.

What do these physicians think of the AMA's 1950 program? In sixteen months, what gains have they detected? Where do they feel the program still lags? What corrective moves do they have to suggest?

For the M.D. on Main Street, the answers have a special significance. The AMA gulped down the protestors' prescription once before; it may again. "We can't ignore the fact," says one AMA officer, "that these are distinguished doctors who are 100 per cent against compulsory health insurance." Their views today may thus become medicine's views tomorrow.

1950 Repercussions

Since touching off their 1949 firecracker, the insurgents have lain low. But their blast has kept right on echoing. Among other things, these physicians

¶ Charged that existing AMA programs "fall far short of a plan that could be regarded as a reasonably adequate substitute for the Wagner-Murray-Dingell bill, opposition to which is our common objective."

¶ Lashed out at AMA leadership for its "unwillingness fully to acknowledge the need for improvement."

¶ Warned of a "firmly rooted suspicion that the association's objectives are primarily economic and selfish."

¶ Urged the AMA to "come forward with a comprehensive, constructive program which would be

of clear advantage to the public."

To bring these views up to date, MEDICAL ECONOMICS has contacted a dozen leaders of the "loyal opposition." It has talked at length with key members. It has asked blunt questions and received blunt answers. What follows is a reporter's findings on the group's current thinking.

One Year's Progress

First, what improvements has the past year brought? The protestors cite four specific gains:

1. A new AMA willingness to work with related professions in solving national health problems. A prime example is the Inter-Association Committee on Health, set up recently to "study and discuss various phases of health care in the interest of improving the health of the nation." Here AMA officers confer regularly with officers of the American Hospital Association, the American Dental Association, the American Nurses Association, the American Public Health Association, and the American Public Welfare Association. This is a far cry from the old days, when the AMA's relations with such groups were largely unexplored.

Says one protestor: "The AMA has promised it will bring the public into these conferences as soon as common ground has been established with the other professional groups. The AMA is perfectly right about this. But progress to date has been discouragingly slow. The only positive achievement of the joint sessions so far has been some proposals dealing with child health. Nevertheless, these meetings are still going on. Out of them, in time, may come some health proposals complete enough for legislators to act on."

2. A more tolerant AMA attitude toward experimental medical care plans. "The association has stopped deploring every new prepay plan that doesn't conform exactly to the existing pattern," says one protestor. "The AMA took a big step forward last June, when it drew up twenty principles for use in approving lay-sponsored health insurance plans. Of course, no such plan has yet been approved. But at least the AMA recognizes that no one type of voluntary health insurance can reach *all* the people. It takes all kinds: medical society plans, commercial plans, labor union plans, cooperatives, and perhaps other types still unborn."

3. A great rekindling of spirit within the AMA rank and file. "The Whitaker-Baxter campaign has had a much greater effect on the profession than on the public," says one protest-signer. "Whatever its strategic faults, the campaign has welded the AMA membership into a coherent mass."

This has actually caused some members of the "loyal opposition" to renounce their original protest. Comments one man: "My first thought was that the AMA planned to use the $25 assessment fund to

set up a lobby in Washington. That I was opposed to. But it now appears that the AMA is campaigning in a manner of which I approve."

4. An AMA awareness of the need for getting rid of liabilities. "From the very start," says a leader of the protest group, "we warned AMA officers that they were losing points with the public by letting Morris Fishbein serve as their spokesman and by letting the National Physicians Committee do their campaigning. At an early-

[*Continued on page* 150]

Cartoon Books Cheer Waiting Patients

• All right, so your waiting-room literature *isn't* confined to old Geographics. But how many patients, fingering restlessly through the general magazines, can settle down and get their teeth into lengthy stories and articles? More and more physicians are finding cartoon and humor books ideal seasoning to the usual run of reception-room reading matter. Advantages: They're cheery, readily absorbing, durable, and inexpensive. What's more, they don't soon go out of date.

Among the best of the current crop are:

"Here's Hazel," E. P. Dutton & Co., $2.

"Please Pass the Hostess," Random House, $2.75.

"Best Cartoons of 1949," Crown Publishers, $2.

"White Collar Zoo," "Home Sweet Zoo," and "Campus Zoo," Doubleday & Co., $1 each.

"The Baby," Simon & Schuster, $1.

"How's the Back View Coming Along?" E. P. Dutton & Co., $2.50.

"Sizzling Platter," Simon & Schuster, $2.95.

"The Art of Living," Harper & Brothers, $3.50. END

'The Welfare State'

British Health Costs Keep Climbing

Outlays for National Health Service now nearly three times the original estimate

● For nearly two years, British doctors have been trying to make the best of a bad bargain. This spring many of them almost quit trying.

What caused the flare-up was a sudden realization that, in the words of the cautious British Medical Journal, "the finances of the NHS have got completely out of hand."

Coming from a source that usually goes along with the state medical scheme in Great Britain, these were strong words. They cast a special chill into the country's 20,000 G.P.'s. Here's why:

Laboring eleven hours a day for

fixed fees (less than a pound* per patient per year), the G.P.'s have been taking a beating. Everyone admits it. But when higher fees are broached, Health Minister Aneurin Bevan simply offers a quick look at the NHS ledger. The resultant outcry drowns out all talk of improving the panel physicians' pay.

The NHS books are indeed awesome. When Parliament enacted the health scheme in 1946, it accepted an over-all cost estimate of some £167 million a year. Now, keep your eye on that price tag:

40% Error

By the time the scheme started operating—in July 1948—Aneurin Bevan had jacked his estimate up to £198 million. The actual cost during the first fiscal year turned out to be £276 million.

Undismayed by his 40-per-cent error, Mr. Bevan tried again. For fiscal 1950, he figured, the cost would be £352 million—and not a penny more. Instead, NHS outlays for the year ran all the way up to an alarming £450 million.

What about next year? The official Bevan forecast is £484 million. But in the light of past estimates—which the British Medical Journal bluntly labels as "falsified"—the true cost of "free medicine" may climb past £580 million. If it does it will amount to 17 per cent of the entire Government budget for 1950.

Increasingly, the accent is on spectacles, prescriptions, and teeth. A year and a half ago, only 12 per cent of NHS funds were earmarked for these items. Today the percentage is 24. Meanwhile, the G.P.'s share of the NHS pound has been whittled down from 16 per cent to 10 per cent.

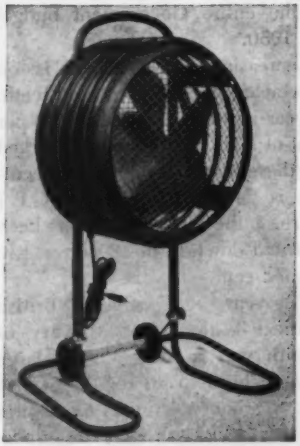
"A year ago," says a British medical leader, "the Ministry of Health was arguing that a large part of the demand for these services was nonrecurring. Free aspirin was a novelty, as were free spectacles and free dentures . . . But, after this year's [still higher outlays], anything can be expected."

If Mr. Bevan is troubled by the runaway cost of the NHS, he's not making an issue of it. Just a few months ago, he observed knowingly: "The possibilities of taxation are infinite."

Other people aren't so sure. Under pressure from the 1950 Parliament, Sir Stafford Cripps hinted recently that the current 40-per-cent tax rate was about all the country could stand. Said the Chancellor of the Exchequer: "The limit has been reached. Any further improvements costing money must be matched by economies."

How can the brakes be applied? Britons of every stripe are worried about that question. Their proposals for the NHS range all the way from moral suasion to more socialism. [*Continued on* 145]

*At current exchange rates, one pound equals $2.80. Pounds rather than dollars are used throughout this article to give a fair comparison between pre- and post-devaluation NHS costs.



Placed facing open window at night, this portable exhaust fan is capable of cooling suite of rooms totaling about 3,000 cubic feet. Height can be adjusted for windows with sills from 15 to 39 inches above floor. Rubber wheels allow its 35 pounds to be moved easily. Price: $69.95.

Subject:

FANS

Suspended in U-shaped bracket, this 10-inch fan can be set by hand at any angle. Placed under waiting room table, with blades horizontal, it serves as a good floor circulator. Price: $12.95.

● If your office isn't air conditioned,* you'll probably have to rely on fans to beat the heat this summer.

To get the most out of your fans on hot days keep doors and windows closed. Drawn shades also help to shut out the heat. In any but a sealed room, plenty of oxygen will seep in around the windows and doors.

Besides using the conventional types during the day, you'll probably want exhaust fans for use after sundown. These take advantage of the outside temperature drop by forcing hot air out, pulling cool night air in.

If you own your office or are building one, consider having exhaust fans permanently installed

*See "Brass Tacks About Air Conditioning," May 1950 issue.

Double-duty window ventilator is suitable for lab or small room. It is adjustable to fit windows from 24 to 36½ inches wide. Fan can be used to exhaust air from room or it can be snapped out of panel, used anywhere in office. Price: $29.95.

in walls, ceilings, or attic. But before you take action, consult a ventilating engineer.

When exhausting hot air with portable fans, follow this procedure: If the room has two windows, place the fan facing one, and within two to three feet of it. Night air will be sucked through the other window. If the room only has one window, let the fan force air out of the lower part, draw cooler air through the top opening. When possible, take advantage of outside breezes. Place the fan so it blows with the wind.

For efficient cooling at night, the air in your office should be changed once every minute or so. Since fans are rated in cubic feet of air moved per minute, you can figure the size fan you'll need from the cubic area of the space to be cooled. END

Hassock-type circulator moves air in all directions without creating drafts. Safe for reception room use since blades are beyond reach of children's exploring fingers. Price: $29.95.

How Your Savings Grow

Salting away something to retire on? These tables will help you plan your campaign

● The figures tabulated on the following pages can help you set up a systematic savings program. They'll tell you (for various periods and at various interest rates):

1. How much you must save each year to accumulate a given sum of money;

2. What your present annual savings will amount to in later life;

3. What any lump sum you now have will grow to.

Take a specific problem. Assume that the retirement fund you're aiming for is $135,000.[1] Also, that you're 42½ years old, want to quit practice at 60, and so far have stashed away $25,000. Finally, assume that you've lined up investments that will pay you, on an average, 3½ per cent. Here's how to figure what you must save and invest each year from now on:

First you must know what the $25,000, tucked away at 3½ per cent, will amount to when you're 60—17½ years from now. This you can learn, by some simple figuring, from Table 1: First, split the difference between $15,631 (3%-15 yrs.) and $18,140 (3%-20 yrs.). Result: $16,886 (3%-17½ yrs.). Next, split the difference between $18,114 (4%-15 yrs.) and $22,080 (4%-20 yrs.). Result: $20,097 (4%-17½ yrs.). Then split the difference between $16,886 and $20,097. Result: $18,492[2].

This $18,492 is about what $10,000 will grow to in 17½ years invested at 3½ per cent. To find what your $25,000 will grow to just multiply $18,492 by 2.5 (the ratio of $25,000 to $10,000). Final result: $46,230. (This result assumes immediate reinvestment of all income on your fund during its 17½ years' growth. It also assumes

[1] See "So You Want to Lay a Nest Egg!" April 1950.

[2] Figures are slightly in error (because the table involves a geometrical rather than an arithmetical progression) but are accurate enough for practical purposes.

TABLE 1

TABLE 1

What a Lump Sum of $10,000 Will Grow To

*Rate of Interest**	*In 10 Years*	*In 15 Years*	*In 20 Years*	*In 25 Years*	*In 30 Years*	*In 35 Years*	*In 40 Years*
1%	$11,049	$11,614	$12,208	$12,832	$13,489	$ 14,178	$ 14,903
2	12,202	13,478	14,889	16,446	18,167	20,068	22,167
3	13,469	15,631	18,140	21,052	24,432	28,355	32,907
4	14,859	18,114	22,080	26,916	32,810	39,996	48,754
5	16,386	20,976	26,851	34,371	43,998	56,321	72,096
6	18,061	24,273	32,620	43,839	58,916	79,178	106,409
7	19,898	28,068	39,593	55,849	78,781	111,128	156,757

Table computed by Financial Publishing Co., Boston. *Compounded semi-annually.

[Turn page]

TABLE 2

How Much You Must Save Each Year to Accumulate $100,000

*Rate of Interest**	*In 10 Years*	*In 15 Years*	*In 20 Years*	*In 25 Years*	*In 30 Years*	*In 35 Years*	*In 40 Years*
1%	$9,462	$6,150	$4,495	$3,504	$2,845	$2,375	$2,024
2	8,949	5,665	4,031	3,057	2,413	1,957	1,619
3	8,458	5,210	3,604	2,654	2,033	1,598	1,281
4	7,991	4,786	3,214	2,296	1,702	1,295	1,002
5	7,545	4,390	2,860	1,977	1,417	1,040	776
6	7,121	4,022	2,538	1,696	1,174	830	595
7	6,718	3,680	2,247	1,450	967	657	453

 *Compounded semi-annually.

TABLE 3

Table computed by Financial Publishing Co., Boston. Copyright 1950, Medical Economics, Inc. *Compounded semi-annually.

TABLE 3

What $1,000 Saved and Invested Each Year Will Grow To

*Rate of Interest**	*In 10 Years*	*In 15 Years*	*In 20 Years*	*In 25 Years*	*In 30 Years*	*In 35 Years*	*In 40 Years*
1%	$10,568	$16,261	$22,245	$28,535	$ 35,147	$ 42,097	$ 49,402
2	11,175	17,654	24,810	32,716	41,448	51,094	61,750
3	11,823	19,193	27,746	37,672	49,192	62,562	78,078
4	12,514	20,895	31,110	43,563	58,742	77,246	99,802
5	13,253	22,778	34,970	50,578	70,556	96,130	128,868
6	14,043	24,863	39,406	58,949	85,213	120,511	167,948
7	14,886	27,174	44,507	68,957	103,447	152,097	220,723

Table computed by Financial Publishing Co., Boston. Copyright 1950, Medical Economics, Inc. *Compounded semi-annually.

[Turn page]

that the income is to be paid, or interest compounded, semi-annually.)

The sum you want to accumulate is $135,000. Your present nest egg will give you $46,230. So what you need to know now is how much you must save to amass another $88,770.

This you can find out by using Table 2 much as you used Table 1. First you figure what you'll have to save and invest each year for 17½ years at 3½ per cent (paid semi-annually and immediately reinvested) to wind up with $100,000. The answer is $4,204. Then you multiply this by 0.88795 (the ratio of $88,795 to $100,000). Result: $3,733 per year.

Not a bad stunt, of course, is simply to give these tables and the figures you have in mind to your grammar-school son as part of his homework. Then have his sister check him. If they're handy at it, you can even turn them loose on Table 3, to find out where your current annual savings rate will get you. Nice object lesson for the kiddies, too. Computing from Table 3, incidentally, is done the same way as from the others.

Incidentally, it is assumed in Tables 2 and 3 that your savings are available for investment at the *beginning* of each year. If they're not available until the *end* of each year, subtract one year from the period you're allowing yourself to amass the sum you want. Either that or figure on retiring a year later. In the problem just cited, for example, you'd use a 16½ year period—or count on retiring at 61.

END

Men of Science

II

Meet Dr. X—the pediatrician—
A microbe sleuth and dietitian!
His hands are sure. His mind is quick
To note what makes a small-fry tick.

When Mama's Little Lamb is ill,
It takes his diagnostic skill
To trace the etiology
Of Junior's strange pathology.

He loves each tiny Jane and Clarence—
His baffling problems are the parents.

—ALICE MARTIN LESTER

Patients' entrance at right was designed to blend with exterior of house.

Basement Into Office

• The medical man who has an office in his home often faces a poser when his family is expanding. He finds he can't go on cramping his wife and small fry into upstairs or back-of-the-house living quarters. But neither can he afford to cut down his office space.

The usual solution is to build a new wing or to buy a larger house—both expensive propositions these days. What's more, a local ordinance or a narrow lot may put the kibosh on the new-wing idea. And moving will probably mean changing neighborhoods, losing patients.

Faced with this situation, a Flushing (N.Y.) practitioner had a bright idea: Why not convert his basement into an office?

The basement was roomy (460 square feet), deep enough (7 feet, floor to ceiling), and free from excessive moisture. Conversion would mean a smaller cash outlay than his other choices, and it should prove a good investment. If he ever wanted to sell, the value of the house would be enhanced by what amounted to a separate apartment.

He explored the idea further and turned up three main problems:

(1) heating, (2) lighting, and (3) a suitable entrance.

The house's steam-heat system could not be extended to the basement without dropping the boiler below basement radiator-level—a costly alteration. The doctor solved this stickler with a separate hot-water system, working off the steam boiler. A master control box lets him regulate the basement temperature to conform with his office-hour schedule.

To capture more daylight, existing windows were enlarged, new windows added. Since the lower half of each window was to extend below ground-level, sizable window wells were dug. Each of the rooms now has twenty-four square feet of window area.

A street entrance was provided via a stair well to the reception-room door (see cut). The stair well was roofed and enclosed to protect patients in bad weather and to keep out snow, leaves, and debris. Its walls are insulated; glass-brick windows provide light.

Finishing off the four-room interior was simple enough. Three-inch uprights were erected at 16-inch intervals along the waterproofed concrete walls, then covered with sheet rock. A combination of wallpaper and ribbed plywood was then applied. On the floor, a 1-inch layer of cold asphalt, laid between the original concrete floor and a topside of asphalt tiling, resulted in a smooth, resilient, damp-proof surface. Total cost of the basement conversion: $1.86 per cubic foot.

What do patients think of the new office? Says the doctor: "Nearly all of them praise the arrangement. None has criticized it. And on a hot day, it's one of the most comfortable spots in town." END

Turnabout Tale

● Respect for our family physician's skill as a psychologist was instilled in me as a child. When my younger brother was born, the doctor noted my jealous reaction. Thinking quickly, he said, "Oh, I've made a mistake. I've left this boy at the wrong house. He really belongs to the Browns down the street."

At once my jealousy was converted to fear—fear that I would lose my new playmate. I begged the doctor not to take the baby away. "Well, I'll see what I can do," he replied noncommittally.

I was the happiest kid in the block when he dropped by next day to say I could keep my brother after all. —MAYMIE R. KRYTHE

What the V.A. Home-Town Plans Prove

V.A.'s partnership with private medicine yields some lessons for legislators

• Some doctors call it "the greatest thing that ever happened between private medicine and the Federal Government." Others say it shows "you can't rid tax-financed medical care of harmful political pressures." But if you ask Joe Garrison about the V.A. home-town program, you'll find he gives it a rousing, unequivocal thumbs-up.

No wonder. Joe picked up a touch of malaria during his Army stint. Two years after he'd shed his olive drab, the ailment recurred. Joe simply walked three blocks, told his troubles to his family physician, and let him do the rest.

Dr. Weber got an authorization from the nearest V.A. office, started Joe on a course of malarial fever therapy. Within a matter of weeks, Joe had his health back—and Dr. Weber received $75 from the V.A. It was as simple as that.

Since early 1946, home-town physicians have dealt with some 2 million Joes—each a veteran with service-connected ailments—in just this fashion. They've handled 5½ million separate examinations and treatments. They've been paid $80 million by Uncle Sam.

More important, they have shown that private medicine, publicly financed, is not an impossible blend. That fact alone gives the V.A. program a special, test-tube significance.

Congress Gets Interested

Said one U.S. Congressman last month: "Here is a health system that seems to have pleased patients, doctors, and administrators. That makes it well worth our study."

On the record, he's probably right. In California, for example, thousands of ex-G.I.'s were polled to find out what they thought of the home-town plan. Ninety-two per cent of them liked it. Said one: "Maybe the centralized medical care in V.A. facilities is just as good. But an important part of medical care is how well it's delivered to the patient. We prefer personal treatment by local doctors of our own choice."

In eleven states, a number of medical leaders were asked for their opinions. Again, the response was favorable. A typical answer: "Home-town care has been a big

success. The V.A. plan proves that private physicians can successfully take up a large new venture, supervise and discipline themselves, live up to their contractual obligations, and give the best in modern medical services."

For an administrator's views, listen to Dr. Paul R. Hawley, the man who got the plan started. Says the former V.A. medical chief: "The home-town program was born of an emergency. It did, in my opinion, a surprisingly good job, even though I am fully aware of abuses and inadequacies. We had our headaches with it but, on the whole, it fulfilled a great need."

Lessons Learned

These are persuasive testimonials. But behind them lies another story. It's a story of pitfalls and stumbling blocks—some successfully bridged, some not. If the home-town program is viewed as a possible pattern for broader health schemes, its lessons might be summed up this way:

1. Medicine and Government *can* work together as an effective team—if the cause has the wholehearted support of both.

2. Budgetary pressures can drastically change the shape of a Government medical program.

3. Free choice of physician—the essence of private practice—is often the first casualty of Government economizing.

4. Protecting Federal funds requires an irreducible minimum of red tape that private citizens (including private physicians) find hard to tolerate.

5. Despite the irksome features of a Government medical program, private physicians will make a success of it *if* they believe in it.

6. Without such cooperation, a Government plan is doomed.

Cutbacks Coming

In thirty-seven states today, the V.A. home-town program is an accepted feature of medical practice. Some 70,000 private practitioners—both G.P.'s and specialists—are taking part. Last year they chalked up 471,231 examinations and 705,327 treatments under the home-town plan. V.A. chieftains paid nearly $16 million for these services; they hope to match that amount this year.

But V.A. hopes have to be geared to V.A. budgets, and that's where the trouble starts. Despite its unquestioned success, the home-town program has been whittled down to half its former size. In the peak year of 1947, private physicians handled nearly 2 million V.A. cases. This year the figure barely tops 1 million. Why?

One reason, of course, is that fewer war-disabled veterans now need medical care. But a vast number still do—and will for years to come. Instead of farming out a major portion of these cases to home-town doctors, the V.A. is now ordering as many as possible to its own clinics for treatment. It is do-

ing this as part of an enforced economy drive.

The results are pretty obvious: (a) no private care for most war-disabled veterans; and (b) no V.A. work for most private physicians.

Home-town medical men blame this cutback on the system, not on V.A. administrators. They emphasize that Dr. Paul B. Magnuson, chief medical director, is "keenly interested in seeing that veterans get first-class medical care." They describe Dr. James C. Harding, assistant medical director in charge of the home-town program, as being "most cooperative and helpful." But V.A. doctors take their orders from the V.A. front office—and from Congress.

At any rate, V.A. clinics now examine or treat some 3½ million cases a year. Home-town-plan physicians examine or treat about 1 million a year. The split used to be about half-and-half.

The V.A. still banks heavily on home-town care in rural areas. But most urban veterans are being routed to 136 V.A. clinics. Many of these clinics were set up soon after the war to cut down the backlog of pension examinations. They range from one-man offices to fully equipped treatment centers. Manning them are some 500 salaried staffers, full- or part-time.

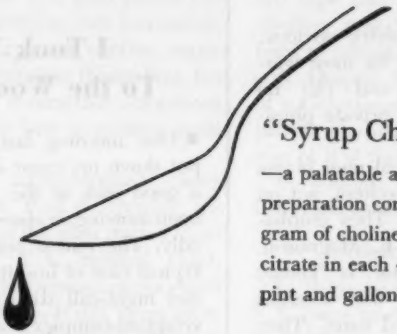
"The greatest harm done by the clinic care trend," says Dr. Herbert H. Bauckus, an AMA leader in veterans' medicine, "is that many

I Took To the Woods

● One morning last year I put down my razor and took a good look at the face I'd been mowing so absent-mindedly. The mirror reflected a typical case of hospital pallor and night-call droop. This symptom-complex is a chronic intermittent affection that becomes most pronounced every spring.

Suddenly, it occurred to me that the best therapy for what ailed me would be a vacation. In fact, why not a *paid* vacation—as a camp doctor?

Once this happy thought struck me, it was easy to embroider on the favorable aspects. After all, I would only have to take care of healthy kids; sickly ones aren't sent to camp. Recreational facilities would be close at hand. Shaving could be reduced to once a week. The main problem would be to maintain enough energy to roll over while sunbathing and to get up in time for lunch. My wife could go along and forget about meal planning, shopping, and dishes. As for [*Continued on* 157]



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veterans considered seriously ill have been arbitrarily removed from the care of their home-town physician and placed under V.A. clinic service. If a change had been made only in new cases, or when a veteran requested a change, the objection would not be nearly so great."

Dr. Bauckus adds: "V.A. medical chiefs are directed to 'utilize facilities under direct and exclusive jurisdiction of the V.A., where feasible, in the treatment of eligible veterans.' But the V.A. keeps on enormously enlarging its facilities. I have never noted any demand on the part of veterans for more V.A. clinics. They prefer home-town care."

Where Economy Hurts

In some cases, the switch to clinic care has actually endangered a veteran's health. Here is an authentic West Virginia example:

A TB patient had been getting pneumothorax treatment from his own physician under the home-town plan. When a V.A. clinic was established twenty miles away, the veteran was notified to report there for further treatment. Under the home-town plan, he'd been getting continual bed rest. Under the clinic plan, he had to catch an early-morning bus, ride twenty miles over rough roads, wait an hour for treatment, then ride the bus back home.

Comments the doctor who reported this (himself a V.A. employe): "I doubt that the good effects of the pneumothorax outweighed the bad effects of the four or five hours out of bed."

An extreme case? Sure. But it dramatizes what cutbacks can do to the quality of medical care. Says Dr. Bauckus: "Even the best-staffed V.A. clinic cannot compete with the combined available skill of the outside practicing profession."

Besides bringing more patients into its own clinics, the V.A. is tightening its authorizations for outside services. Private practitioners report it's becoming harder to win approval for all the visits a home-town patient needs. For instance:

¶ A veteran suffering daily attacks of asthma was okayed for home-town treatment. His physician achieved excellent results with dust desensitization and pollen boosters. Suddenly, without consulting doctor or patient, the V.A. cut down the authorized visits from four a month to two.

¶ An ex-WAC was visiting her psychiatrist eight times a month. Without warning, the authorized visits were reduced to four a month. Wrote the psychiatrist: "This number of visits is completely inadequate at this time. For a person as ill as she has been, this patient has made excellent improvement. It's doubtful if she can maintain it if seen only four times a month."

¶ A veteran with congestive heart failure was being seen twice a week. Just as the man took a turn

a major step
in rehabilitation of the parkinsonian patient

T.M.

PANPARNIT

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Treatment of the Parkinsonian syndrome with PANPARNIT was observed by Schwab and Leigh[1] "to be superior to the previous medication" in 65% of cases. With a careful regimen of gradually increasing dosage, "very satisfactory results with this new compound will follow."

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A totally new synthetic drug, PANPARNIT offers the advantages over the belladonna alkaloids of frequently affording more satisfactory relief and rarely causing disturbances of vision or dryness of the mouth.

1. Schwab, R. S. and Leigh, D.: J.A.M.A. 139:629, 1949.

Fuller information regarding clinical studies and suggested dose schedules will be furnished gladly.

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ZYOCEL provides great bulk in convenient, pleasant to take tablet form. Gastric distention does not occur. Impaction is reported to be "almost impossible." Vitamin B_1 in Zyocel aids in the correction of constipation due to a hypotonic state of the intestinal musculature occasioned by B_1 avitaminosis.

ZYOCEL TABLETS restore bowel rhythm, promote production of formed stools, and aid in normalizing peristalsis.

Formula: Each Zyocel Tablet contains:

Methylcellulose, 400 cps.	0.5 Gm.
Thiamine Hydrochloride	2.0 mg.

Dosage: Initially, 3 tablets with glass of water, three or four times daily u
relief is obtained (usually 3 or 4 days). A maintenance dose of 1 tabl
times daily, should prove satisfactory. Adequate water intake is

Packaging: Bottles of 50, 100, 500 and 1000.

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ZYOCEL
TABLETS

for the worse, his doctor got news from the V.A.: Authorized visits would be reduced to two a month.

But obtuse decisions like these have yet to supplant V.A. paperwork on the doctor's pet-hate list. While required forms have been streamlined a bit in the past four years, they're still irksome and time-consuming. In several states—notably Michigan, California, and North Carolina—short forms are being tested. The V.A. would like some day to put such forms into wider use. But its plans are bound up in Government red tape, which Paul Hawley once described as "an octopus growing tentacles here as fast as you cut them off there."

Explains Dr. Hawley: "The V.A.

Types of Home-Town Plans

1. In twenty-four states, the medical society negotiates a fee schedule and the V.A. pays each home-town doctor directly. These states are:

Ark.	Ga.	Ky.	N.H.	Okla.	Va.
Conn.	Idaho	Mass.	N.J.	Pa.	Vt.
Del.	Ill.	Mo.	N.Y.	S.C.	W.Va.
Fla.	Ind.	Nev.	Ohio	Tenn.	Wyo.

2. In thirteen states, the medical society negotiates a fee schedule, then sets up its own go-between agency. This agency pays each home-town doctor and in turn collects a lump sum from the V.A. These states are:

Calif.	Iowa	Mich.	Mont.	N.D.	S.D.
Col.	Me.	Minn.	N.C.	Ore.	Wash.
					Wis.

3. In five states, the home-town plan has been in force for a while and then dropped. These states are:

Ala.	Ariz.	Kan.	La.	Utah

4. In six states, the home-town plan has never been started. These states are:

Md.	Miss.	Neb.	N.M.	R.I.	Tex.

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has simplified administrative requirements to the extent of its authority; but many of them are regulations of the General Accounting Office of the Federal Government, and thus beyond V.A. control."

What about fee schedules? At one time, they were a prime bone of contention between state medical societies and the V.A. Home-town doctors feared an inflexible national fee schedule would be forced on them. But not now.

No National Fees

Some fees vary as much as $75 from state to state, and the ceilings listed in the V.A.'s published "guide" have frequently been surpassed.

Approved fees for a radical mastoid, for example, range from $125 to $200. A gastric ulcer operation may be worth $100 or $150. House-call fees range from $3 to $8, depending on the region and the time of day. The doctor usually gets his check in two to six weeks.

Individual fees are adjusted up or down from time to time, but thirty-seven different state-wide schedules cause few complaints. Says an eastern medical society officer: "Our fee schedule, despite the changing economic picture, has been an outstanding success. It sets fair, average, private-care fees."

One of the rudest jolts the profession ever received was Paul Hawley's blunt statement of three years ago: "A grasping and selfish 10 per cent of the profession" had been making hay out of the home-town plans. When Dr. Magnuson replaced Dr. Hawley, the new medical chief's first comment was: "If the doctors have a skunk in town, they ought to be glad to smoke him out." Since this flurry, complaints about home-town-plan chiselers have been "practically nil."

Says one state society officer: "Where a doctor seeks to collect an additional fee from the veteran without prior agreement, we try to stop payment on the V.A. portion of the bill. Our home-town plan has the right to suspend or remove a physician's name from the eligible list. We have had very few occasions to take this action."

For some time there's been a $6,000-a-year ceiling on the doctor's earnings under the home-town plan. "We had to apply it," says the V.A.'s Dr. Harding, "because a number of private doctors were devoting most of their time to V.A. work and earning $18,000 a year or more in fees. That wasn't fair to the men who had joined the V.A. on a full-time basis; they can't earn anywhere near that amount. And to some Congressional committees, it seemed just a method for by-passing our statutory salary limitation."

Of course, the doctor isn't always to blame for the volume of his V.A. practice. A California physician explains why: "Many veterans seek unnecessary care under the home-town plan in order to maintain a disability rating. This sometimes

puts the doctor under suspicion for 'carrying a case.'"

Despite the general acceptance of the home-town program, there are six states where it never got started. There are five more states where the plan was started, then dropped. Why? What was the trouble?

In nearly every case, the stumbling blocks loomed larger than the teamwork. Medical society officers couldn't agree with V.A. officials on fees. Or the doctors objected to expanding V.A. clinics. Or the paperwork scared off too many general practitioners. Or there weren't enough veterans in the state to make it worth-while.

Here is a typical comment from one dissident society: "We have not had good relations with the V.A. They would never approve our fee schedule, even though it was predicated entirely on prevailing rates. The V.A. set up headquarters here in what was once a senior high school. Any veteran wanting medical attention has to go to that clinic. Only when the staff there is faced with a problem too big for it does the local doctor get a chance."

Local failures don't blot out the national success of the home-town program. But they do cast revealing light on a moral cited earlier:

Despite the irksome features of a Government medical program, private physicians will make a success of it *if* they believe in it. Without such cooperation, the Government plan is doomed.—ALTON COLE

"I can't diagnose without an examination, Mrs. Biddle. If you'll disrobe, I'll be glad to . . ."

Why Hire an Architect?

"Without one you're at the mercy of the contractor—who can slaughter a doctor if he wants to."

● Building an office without expert advice is like relying on home remedies to cure pneumonia: You may pull through—and, then again, you may not. So, if you want your money's worth out of that new office you're planning, better hire an architect.

Without one, you've a good chance of ending up with a poorly designed office. What's more, you're at the mercy of the contractor—who can slaughter a doctor if he wants to. He can skimp in ways that defy detection by anyone but a super sleuth—or an architect.

Suppose, for instance, the contractor puts in a cheaper grade of flooring than you asked for. Will you spot it? And your landscaping: Do you know how much topsoil is needed for the trees and shrubs you expect to plant?

Even if you're familiar with the ins and outs of the building trades, you probably don't have time personally to supervise the job. And—let's face it—even an honest contractor thinks of himself first and you second.

Keeping tabs on the building contractor is, of course, only one of the architect's many tasks. He also turns your ideas into practical plans; keeps you from stepping out of bounds on costs; acts as coordinator of such details as decorating, lighting, heating, and plumbing.

You Call the Turn

Not that you're merely a spectator. It's still up to you to tell him what you want, listen to his advice, then make the final decisions.

Once you decide to hire an architect, there's the problem of finding the right one. One thing you can do first is to write the

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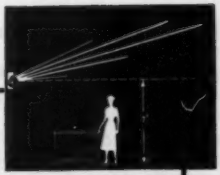

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KOAGAMIN's prompt action—a matter of minutes—differs from that of vitamin K, which must first be converted to prothrombin in the liver—a matter of hours. Vitamin K is useful *only* in cases where prolonged prothrombin time is a factor. *Even in these cases,* KOAGAMIN should also be used for its rapid action.

Supplied in 10 cc. diaphragm-stoppered vials.
Write for comprehensive dosage chart and literature.

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American Institute of Architects, The Octagon, Washington, D.C. Ask for the names and addresses of AIA members near you. You're not likely to go far wrong if you choose such a man, for he's pledged to adhere to AIA standards of ethics.

Meanwhile, keep an eye peeled for buildings that strike your fancy. Talk to the owners. Usually they'll be happy to name the architects and discuss their experiences.

Next step is to visit a few architects in person. Most of them will be glad to show you photos and plans of work they've done. It shouldn't take you more than a few minutes to decide whether an architect's taste in design is similar to yours. You'll also know pretty quickly whether your personality is likely to clash with his.

How important is the architect's specific experience with medical buildings? Other things being equal, that might be the deciding factor. But don't stress it unduly. A fresh approach may be even more valuable. The best-qualified man is the one who has good creative and executive ability—even though he may not have any medical buildings to his credit.

Once you've picked your man, it's time to sign a contract. The standard form of agreement (issued by the AIA) outlines the duties of owner and architect, states how and when you'll pay. If the architect prepares plans but does not supervise construction, fees run from 3½ to 8 per cent of the total cost of the building. Fees for the more complete job range from 6 to 15 per cent. The variables are the size and complexity of the job, and the individual architect.

Payment is usually made as follows: 25 per cent on completion of preliminary studies, 50 per cent on finishing the specifications and working drawings, 25 per cent at stated intervals during construction.

Picking a Plot

If you hire an architect before you select a site, so much the better. He will advise you whether a plot fits your building needs and will help you decide its worth. If you already have a piece of land, he'll probably ask you to have a contour map made by a local surveyor. He'll also want to know about such details as deed and zoning restrictions; sewage disposal; and sources of water, gas, and electricity.

The architect's job is to give you the building you want—and at the same time to stay within your budget. You can help him by clarifying your ideas in advance. List those things you *must* have and those things you'd *like* to have. Decide the number of rooms, their size, type, and location. Figure out beforehand how much space will be needed for storage, where you want to locate your secretary, and all the other details.

Most architects welcome such information. Usually, the more limita-

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Dextrose 5%,
Alcohol 7½%
to

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The combination of ***Travamin* 5%, Dextrose 5%, Alcohol 7½%** supplies the calories and permits the amino acids and polypeptides to be used for tissue repair and protein regeneration. With the essential elements of nutrition provided parenterally, the postoperative period of nutritional insufficiency can be reduced or entirely eliminated.[1]

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Morton Grove, Illinois

1. RICE, CARL O., ORR, BURTON, and ENQUIST, IRVING: Parenteral Nutrition in the Surgical Patient as Provided from Glucose, Amino Acids and Alcohol, *Ann. Surg., 131:289, 1950.*

2. MADDOCK, WALTER G.: Some Fundamentals in Water and Electrolyte Balance, *Ohio St. Med. J., 45:462, 1949.*

**formerly Protein Hydrolysate, Baxter*

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tions, the easier it is to design a building. Putting your ideas in writing will prevent forgetting things that may cost extra at a later date.

Given these facts, your architect makes preliminary sketches. They'll show the floor plan and how the building will look. This is when you should settle any outstanding details and decide any major changes.

Floor Plan Checks

Try to visualize whether your office layout will be practical. Ask yourself such questions as: Will patients have to pass through one treatment room to get to another? Are the lavatories conveniently located? Are there enough closets? Can I enter the garage from the house? Will I be able to enlarge the building if my practice grows?

When you okay the preliminary sketches, the architect prepares working drawings, with dimensions to the fraction of an inch. These give you a visual guide to the building: how it's placed on the lot; the location of electrical switches and outlets, of heating and plumbing equipment, etc. From these drawings, blueprints are made.

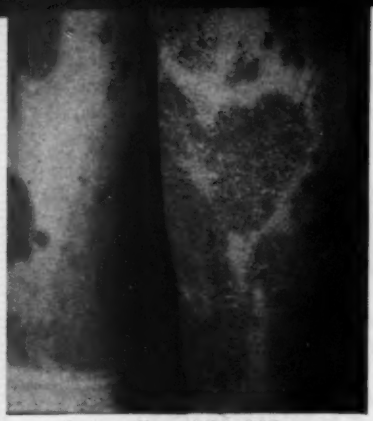
Along with the working drawings, you get specifications that detail the quality of equipment, grade of workmanship, and methods of construction. They include such data as the quality of paint and the number of coats to be used.

Study the working drawings and specifications carefully. Any changes or additions from here on are known as extras: You're charged for them over the contract amount.

Now you're ready to pick a contractor. If your architect is seeing the job through to completion, he handles most of the details. Contractors are asked to submit bids. The architect weighs the bids, advises you who are the best men. After you choose one, the architect will furnish all the technical information necessary for the contract. It will detail what is to be done at what cost.

During construction, the architect visits the site at frequent intervals to check on quality of workmanship and materials. He makes up your schedule of payments to the contractor, okays the bills submitted. He also helps you choose hardware, electrical equipment and plumbing fixtures. On completion day, he gives you formal notice that everything has been done according to the contract, and authorizes the final payment to the builder.

[*Turn page*]



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After Use of RIASOL

One doctor tells another:

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Every physician who has prescribed RIASOL in psoriasis, we believe, feels the same way about this highly effective therapy. Clinical results speak for themselves:

Skin patches cleared or improved in 76% cases, in an average of 7 weeks.

Complete disappearance of skin lesions in a few weeks in many cases.

Freedom from ill effects or unfavorable reactions in all cases studied.

RIASOL contains 0.45% mercury chemically combined with soap, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin, invisible, economical film suffices. No bandages necessary. RIASOL may be applied to any area including the face and scalp. After one week, adjust to patient's progress.

RIASOL is ethically promoted. Supplied in 4 and 8 fld. oz. bottles at pharmacies or direct.

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Druggist..... Address.....

RIASOL FOR PSORIASIS

For a trouble-free job, here's a check list of suggestions on how to get along with your architect:

✔ Never ask him to submit sketches before you sign a contract. Most architects worth their salt will turn down such requests. Make your decision on the basis of his previous work and what you've found out about him.

✔ Have him see the project through from start to finish rather than just draw up the plans. Many hitches can develop during actual building.

✔ Don't vacillate. Take your time in making up your mind about what you want, then stick to your decision.

✔ Be certain the specifications include everything you want. Your architect will remind you of most items you should allow for, but he doesn't carry a crystal ball. Afterthoughts will be tacked onto your total bill.

✔ Don't bombard him with phone calls whenever you think of minor details. Make a list of such things and take them up with him at one time.

✔ Let your architect decide what contractors to request bids from. He knows those who are qualified and those who aren't.

✔ Never give orders to the contractor or to the workmen. Instead, discuss your suggestions with the architect and let him take them up with the contractor. If any changes are to be made, he will then issue a written order. END

Doctors Eye Lawyers' Client-Aid Plan

● Public relations-wise, the medical and legal professions have a common problem: how to supply people of modest income with service at moderate cost. Hence the special interest doctors are showing in the American Bar Association's Lawyer Reference Plan, a program now operating in thirty-one cities and spreading rapidly.

Aim of the LRP is legal advice tailored to people's needs and means. Clients are interviewed at a bar association office then referred to one of a list of attorneys taking part in the plan.

Any lawyer in good standing can [*Continued on* 149]

WAPPLE

Cold Cauter

SCALPE

A Powerful
High Frequency Apparatus
Electro Surgical Procedu

Note
these Convenience Feat

THE WAPPLER COLD CAUTERY SCALPEL is a miniature high frequency apparatus which provides a high frequency current that can be utilized both for cutting and coagulation. The name "Cold Cautery" was selected to describe the effect of the current when applied to tissue because the electrode itself is cold, while the hot point, or thermal cautery, severs tissue by a searing contact of a heated metal wire electrode. The thermal or hot point cautery has certain limitations for operative work, such as excessive tissue destruction by radiation of heat, which in turn creates severe scar formation.

The Wappler Cold Cautery Scalpel being a high frequency apparatus, provides cutting and coagulating current which may be precisely controlled in intensity.

SPECIFICATIONS

Model C-450 is for operation on 110V. A.C. 50-60 cycles.
Model C-450A is for operation on 220V. A.C. 50-60 cycles.
Model C-450B is for operation on 110V. A.C. 25 cycles.
A footswitch and vacuum tubes are furnished with each model.

WRITE FOR LITERATURE
which completely describes various sets of electrodes and accessory instruments.

Conducting cords leading to the active and indifferent electrodes are housed within the case. To return the cords to their original position, pressure on the button above them instantly rewinds the cord.

The drawer and contents are automatically ejected from the case upon pressure on a button located directly above the drawer.

The cord connector of the shock-proof footswitch is plugged into the outlet marked "Footswitch." Bipolar electrodes, handle and cord are plugged into the receptacle marked "Bipolar."

Two outlets marked "Light" in center of the panel provide a means of supplying diagnostic light source. Conducting cords may be immersed in sterilizing solution in tray.

MERICAN CYSTOSCOPE MAKERS, I

Ways to Curb the Fringe Physician

Leaders of the profession air their views on an urgent disciplinary issue

• "He charged me $20 for a night call!"

The executive secretary picks up his pencil, says soothingly to his irate visitor: "Well, our medical society has just set up a grievance committee. If you have a legitimate complaint, you're entitled to a full investigation. What were the circumstances?"

"My wife took sick last night," the man splutters. "We don't know any doctors here, so I asked the hotel room-clerk to get one. The man he called charged me $20 cash—and all he did was give my wife some medicine. Name's Bronk—Dr. Harold Bronk."

The secretary puts his pencil down. "I'm sorry," he says, "but Dr. Bronk isn't a member of our society."

"You mean you won't do anything about this?"

"Nothing we *can* do, I'm afraid. You might try writing him a letter. But the medical society can't discipline anyone who isn't a member."

Organized medicine is learning to curb the small minority in its own ranks that charges excessive fees, indulges in unethical practices, or otherwise violates the profession's code. But what about doctors who are *not* members of medical societies? What steps can medicine take to bring these physicians into line?

There's no easy answer. But devising some sort of answer is fast becoming a major must. For the growing success of medical society grievance committees focuses public attention on an embarrassing fact: A troublesome segment of the medical profession cannot now be reached by the profession's self-regulatory drive.

To shed some light on this problem, MEDICAL ECONOMICS sounded out two dozen medical leaders. It asked for off-the-record opinions on what could be done. Result: a provocative assortment of top-level views.

Recruiting Needed

First, everyone agrees the time is ripe for a stepped-up membership drive by all medical societies. Says an eastern association secretary: "We need a determined effort to bring every licensed physician into medical society membership, for

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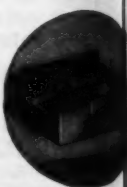

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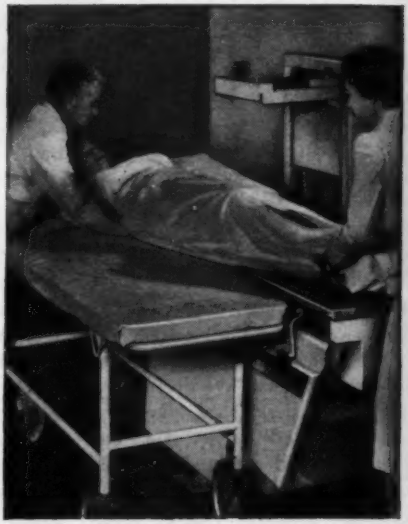
The Maxicon series has a wealth of utility wherever diagnostic x-ray is employed. The practicing physician may select the basic unit, then let x-ray grow with his practice—by simply adding successive components from time to time. The medical specialist may arrange to have only the x-ray facilities his specialty requires. The clinic or hospital will appreciate the application of a simple unit as auxiliary equipment in a busy department, or a complete radiographic and fluoroscopic combination to adequately meet the demands of any type of examination.



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GENERAL ELECTRIC X-RAY CORPORATION

only there can his activities be kept under control."

Says the president of a western society: "Organized medicine must face the fact that this job begins at home. We need, for example, more visiting committees—medical society teams that can sell the advantages of membership to doctors who haven't joined."

Adds a member of the AMA Judicial Council: "If the benefits of society membership are not attractive enough, then the benefits must be increased."

Says a New England delegate to the AMA: "A new attempt should be made to bring all nonmembers into the fold, for this situation seems to be getting worse. Recently I heard about an orthopedist who charged a man $2,000 to fuse a spine. This was clearly excessive, yet nothing could be done about it: The doctor didn't belong to any medical society.

"These things hurt medicine badly. One such case makes people forget a hundred cases properly cared for."

Publicity Needed

Second, the men interviewed emphasized this point: Increased membership won't do much good unless the medical society itself is doing a public relations job.

"This means," says a field secretary, "that the society must have a well-publicized grievance committee, an emergency-call service, a malpractice prevention plan, an

"It says we should teach our children to look upon sexual intercourse as something fine and beautiful."

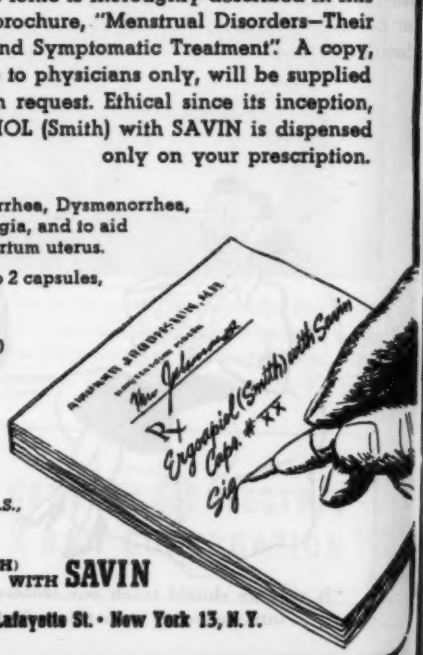
Detailed Dosage Data for Physicians

A 20-page brochure prepared exclusively for the medical profession presents busy physicians with detailed dosage information relating to quantity, frequency and duration of administration in relation to menses, as well as indications, rationale, etc., regarding ERGOAPIOL (Smith) with SAVIN. This time-tested uterine tonic is thoroughly described in this brochure, "Menstrual Disorders—Their Significance and Symptomatic Treatment". A copy, available to physicians only, will be supplied on request. Ethical since its inception, ERGOAPIOL (Smith) with SAVIN is dispensed only on your prescription.

INDICATIONS: Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, and to aid involution of the postpartum uterus.

GENERAL DOSAGE: 1 to 2 capsules, 3 to 4 times daily—as indications warrant.

In ethical packages of 20 capsules each, bearing no directions.



Ethical protective mark, M.H.S., visible only when capsule is cut in half at seam.

ERGOAPIOL (SMITH) WITH SAVIN

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information bureau, and all the other musts for a well-rounded program.

"Once the society is truly meeting the public need, it can rightfully publicize—and thus enlarge—its membership. It can, for example, give each member a large, eye-catching membership certificate for waiting-room display. This should state, in bold type, the standards of public service to which the doctor is dedicated. In time, public acceptance of this symbol would do much to force outside doctors into the society."

An eastern executive secretary chips in with another publicity idea: "Ultimately, I think every medical society should publish an ad in the largest dailies in its area. This ad should list all medical society members, thus putting the stamp of approval on those whose actions can be controlled."

A western colleague suggests a related service: "In newspaper, radio, and pamphlet advertising, the medical society should put more stress on the careful selection of a physician. Here's the place to dispense advice about picking reputable men, known to be ethical by their colleagues and by their patients."

Finally, what about legal action against unethical doctors who can't be curbed in any other way? This wins approval from a majority of those interviewed, though not from all. Here is one man's opinion:

"To any medical community that is honestly perturbed over the practitioner for whom the oath of Hippocrates means nil, I say 'Clean your own house first.' Then, to apprehend and punish these criminals, put dentures into your edentulous health and civil statutes. Remember that when the American Bar Association wants to rid itself of a shyster, it does so through the process of law. Mere expulsion from the association does not stop the shady counselor from chasing ambulances."

Stronger Laws Needed

A midwestern delegate to the AMA follows up this same line of thought: "Our grievance committee has taken up the cases of several nonmembers, even though it has no real jurisdiction over them. These complaints were later referred to the state board of medical examiners. The board has taken no action; the reason given us is fear of reprisal by lawsuit. In other words, either the board is too timid or the law is inadequate."

This man adds: "The board of medical examiners should be held responsible for the ethical conduct of physicians, as well as for their professional qualifications. The board should be made a court of appeal. A grievance committee within the medical society is only a constructive beginning."

His view is supported by the past president of an eastern medical society. Says this doctor: "My personal opinion is that the AMA ethi-

cal code ought to be made part of the legal code enforced by the state licensing board. Then charges of unethical conduct could be brought before this board."

At the very least, one AMA officer holds, the state legislatures ought to make specific ethical breaches unlawful. In one state, for example, though a dentist may not legally advertise his fees, a physician may. The law could be made consistent by simple legislative fiat.

"Stronger state laws against rebating and fee-splitting would help, too," says this doctor. "In only fifteen states, for example, are medical fee-splits banned by statute. I'd say new legislation was needed in the other thirty-three."

Further legal action is suggested by the editor of a state medical journal. "Medical societies can operate outside their own frames," he says, "by being willing to serve as prosecutors before courts or state boards. Association officers can, for example, furnish expert testimony that a certain doctor's acts are unethical, dishonest, or grossly incompetent. They can also make it impossible for such characters to get malpractice insurance."

Here, then, are the experts' best ideas for curbing the fringe physician. In capsule form, they amount to this:

¶ Put on a vigorous recruitment drive aimed at bringing every physician into his county medical society.

¶ Try out such recruitment aids as newspaper publicity, visiting teams of medical leaders, special benefits for new members.

¶ Jack up each society's self-discipline program, making sure it includes a grievance committee, an emergency-call bureau, a malpractice prevention plan.

¶ Sell the public on the significance of medical society membership, via paid advertising and individual certificates for waiting-room display.

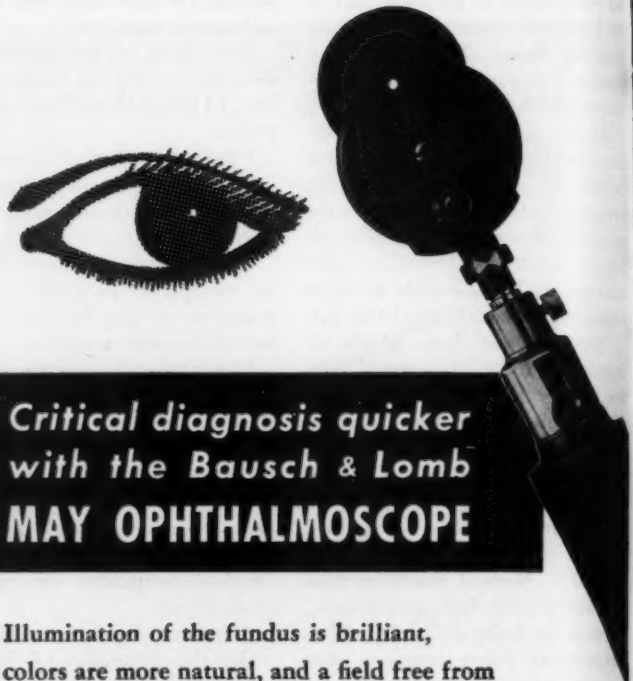
¶ Sponsor legislative action to make the Principles of Medical Ethics enforceable by courts or state boards.

¶ Support legal action against local doctors who are corrupt, dishonest, or incompetent. END

Rear View

• A little girl was waiting in the proctologist's reception room with her mother who had just had a rectal operation. The child stared curiously at the other patients, then loudly asked, "Mommy, does the doctor look at *everybody's* fanny?"

—ADELE KING



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Illumination of the fundus is brilliant, colors are more natural, and a field free from filament images and spots is made possible with the new Daylight Blue Light and May prism. Lenses, fingertip controlled, range from +20 to −25.00D with numbers magnified and illuminated for easy reading in dark. Adjustable rheostat in handle. Available in handsome, durable case.

BAUSCH & LOMB

OPTICAL COMPANY ROCHESTER 2, N.Y.

Collecting a Court Judgment

A judge's ruling isn't cash in the bank, but there are ways of making it so

• The patient is well able to pay his doctor's bill—but doesn't. The physician exhausts every polite means of encouraging the debtor to settle up, finally takes him to court. A judgment favorable to the doctor is handed down. Still the patient won't pay.

What next? What are the correct legal procedures for the physician to follow in cases like this?

First, the doctor writes the delinquent patient, calling his attention to the court judgment and asking that the debt be settled. If this fails to bring remittance within two weeks, the next move open to the medical man is to garnish the patient's salary. An alternative would be to impose a levy on his bank account, automobile, or other real property.

As the initial step in garnishing a salary, the doctor would have his attorney write the debtor's employer, inquiring as to his pay. Most employers answer such requests. If the employer balks, a legal "order for discovery" may be obtained.

If the debtor receives a weekly salary above a specified limit ($18 in most states), the doctor may obtain a garnishment. This is a court order requiring the employer to deduct a certain amount of the employe's salary (generally, 10 per cent) and to pay it to the plaintiff. If the employer fails to do this, he is not only guilty of contempt of court, but may be sued for the amount he failed to deduct.

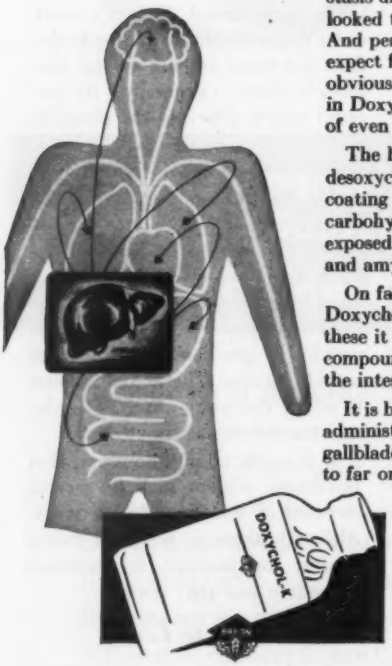
If the debtor is in business for himself and receives no salary, a court order may be obtained requiring him to pay a fixed sum weekly, usually 10 per cent of his average weekly income. The actual amount is set by the judge after he evaluates the debtor's ability to pay.

It is worth noting, however, that physicians seldom seek to garnish incomes of less than $30 a week. Although there is no legal ruling against the practice, by common consent it just isn't done.

How to Levy

Another recourse is to impose a levy on the patient's bank account or other property. The actual levying is done by a court officer, variously called a constable, a bailiff, or a marshal. In some courts, the sheriff handles this assignment. Best

Looking at the Biliary Tree... not *Over*looking other Structures



The bile acids are expected to drain and flush the biliary tract; to bring help against stasis and cholecystitis. Too, they are looked to for the vital digestion of fats. And perhaps these benefits are enough to expect from one agent. But truth is, the less obvious effects that flow from the bile acids in Doxychol-K may be for some patients of even greater importance.

The high surface activity of Doxychol-K's desoxycholic acid prevents an impenetrable coating of fat around particles of protein and carbohydrates. These other foods are thus exposed to the action of proteolytic and amylotropic enzymes.

On fatty substances insoluble in water, Doxychol-K has a hydrotropic effect. With these it forms choleic acids, stable molecular compounds, which can then pass through the intestinal mucosa to the tissues.

It is by these activities that Doxychol-K administration reaches beyond an impaired gallbladder, to bring better nutriment to far organs.

Doxychol-K

In each Doxychol-K Tablet there are 0.2 Gm. ketocholanic acids derived from oxidized cholic acid. There is also 0.065 Gm. desoxycholic acid, a natural bile acid.

Doxychol-K *is* supplied in bottles of 100, 500, and 1000 tablets.

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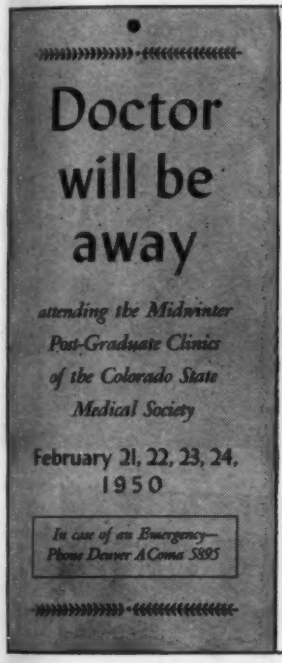
practice is for the doctor to have his attorney make the necessary arrangements with the levying officer.

What if the doctor doesn't know enough about the patient's financial affairs to proceed against him? In that event, he should have his attorney get a court order for discovery of the debtor's assets.

In this procedure, the defendant is summoned before a judge. He must then tell what property he owns, name his bank, state his wages, and identify the source of his income. Failure to provide this information is contempt of court; a false answer is perjury.

It's possible, of course, that the debtor may be found to be thoroughly irresponsible—no job, no property in his own name, no intention of paying the judgment if he can help it. Then the judgment should be "docketed." This assures that the claim will remain valid for a long time (twenty years, in most states). It acts as a lien on any future properties the debtor may acquire. —GORDON DAVIDSON, LL.B.



Thoughtful Service

● You can almost read the words "sound public relations" between the lines of the card at left, distributed by the Colorado State Medical Society to its members. It reflects the doctor's thoughtfulness for his patients. And it's one way of letting them know that he's keeping up with developments in his profession.

Note that the card includes a phone number where a doctor can be reached in an emergency. The society might also have left the number blank. Then each physician attending the clinic session could have filled in the number of his local substitute. Either way, such cards are a first-rate idea.

Gullible's Travels–in Quack Land

Newsman probes double-talk healers the hard way: by posing as a patient

• Falling prey to a quack is like riding a barrel over Niagara Falls. You take a dizzy ride and invite a soaking.

More people would think twice before consulting quacks if they had a clearer picture of what they were getting into. To give them just that, Detroit Free Press reporter John Murray posed recently as a patient, let the hokum boys irrigate, electrify, atomize, pummel, and bake him to their pocketbooks' content.

Murray had been declared in good health by his family physician. But the masters of malarky found everything wrong with him from general toxemia to maladjustment of the spine. Sample comments:

"How much would you like to spend?"

"I've cured cancers that doctors had given up."

"Germs are the result, not the cause, of disease. The cause is congestion. People don't eat the right food."

"Surgery is the confession of failure on the doctor's part. He doesn't known what to do, so he cuts the diseased part out."

"Gravity works against proper blood circulation. We shake up your feet and improve circulation."

Typical of what the 1950 quack is up to were the antics of the "atomicist" who harnessed Murray to a contraption called an "atomic diagnosing machine." This gadget, a shiny black box with a battery of knobs, sported a collar of wires which the charlatan hung about his patient's neck.

Atomic Diagnosis

"This machine has 10,000 different rays," he explained. "It works on the same principle as the atom bomb."

The "examination," consisting mostly of knob twirling, was completed in two minutes. Verdict: kidney disease. Medication: a handful of herb pills.

But Murray found atomic techniques mild compared with the strong-man tactics of an energetic naturopath. As he slapped his patient on a table for a massage machine workout, the medicine man confided that all ills are caused by "congestion." A possible remedy,

Sodium Gentisate: A New Approach to the Treatment of Arthritis

It has been estimated[1] that nearly 7,000,000 people (at least one in every 20 persons) in the United States have some form of "rheumatic" disease. Rheumatism (with arthritis the most important single cause) ranks first in prevalence among diseases, and second in the production of disability and invalidism. It is more common than the total number of cases of tuberculosis, diabetes, cancer and heart disease combined.

The most common of the severe forms of the arthritides is rheumatoid arthritis. Although its etiology still remains uncertain, there are factors upon which there is general agreement.[2] (1) Rheumatoid arthritis has a definite tendency to be familial. (2) Eighty per cent of the cases occur between the ages of twenty and fifty with the peak at thirty-five to forty. (3) Females are more commonly affected than males in a ratio of 3:1. (4) Investigation shows that in the period preceding the onset of symptoms, emotional shocks are very common and this is frequently manifested by a severe depression.[3] (5) Pregnancy causes an amelioration of symptoms in a significantly high proportion.[4] (6) Involvement of the liver, as in infectious hepatitis, causes a definite remission in a significant number of patients.[5]

Since Klinge's[6] original work in 1929, evidence has been accumulating that both rheumatic fever and rheumatoid arthritis are diseases of the interfibrillar substance of the connective tissue.[7] The nature of this material is not well understood, although it is presumably a mucopolysaccharide in combination with a protein. This theory holds that changes in the cellular components are secondary to changes in the interfibrillar material. The composition of two of the mucopolysaccharides found in interfibrillar material is known: (a) chondroitin sulfuric acid, and (b) hyaluronic acid.[8] Changes in chondroitin sulfuric acid have been studied in hyaline cartilage which is affected to a considerable degree in rheumatoid arthritis.[9]

These changes have been on a purely morphological basis[9] and consist chiefly of destruction of hyaline cartilage, presumably due to interference with its blood supply by the overgrowth of pannus and granulation tissue, both beneath the subchondral plate and on the surface of the joint.

On the other hand, changes in the hyaluronic acid of the joint fluid have been shown to be present in active rheumatoid arthritis.[10, 11] These changes in active disease consist of depolymerization of the hyaluronic acid and an increase in the total amount of hyaluronic acid present. The excessive presence of hyaluronidase, moreover, has been acknowledged to produce a denaturization of mucin in the synovial fluid, the varying degrees of which are valuable for their diagnostic as well as prognostic indications.[12] Clinicians[13] have concluded that the increase of hyaluronidase activity may be responsible for the breakdown of interfibrillar cement.

A rational approach to the problem, therefore, demands a therapeutic agent that will act to inhibit the spreading effect of hyaluronidase.

Meyer and Ragan[14] treated patients having rheumatoid arthritis and acute rheumatic fever with sodium gentisate, a hyaluronidase inhibitor. Their results were uniform and notably favorable. Within a few days there followed a disappearance of pain, swelling and joint inflammation.

The increase in urinary glucuronic acid observed with salicylates does not occur with gentisates. This phenomenon has been assigned to the rapid oxidation of the gentisates.[15] It is indeed likely, as shown by examination of the structural formulas of these two compounds, that the antirheumatic action of the salicylate in forestalling the spread of hyaluronidase[16] is attributed to its partial oxidation in the body to a gentisate.

SODIUM GENTISATE

The corrective action of sodium gentisate is generally not an immediate one; therefore, as an added therapeutic measure, a salicylate, which provides prompt relief from pain, should be included in the formula.

The product of choice, therefore, should be GENTARTH Tablets, prepared by the Raymer Pharmacal Company of Philadelphia.

Each salol-coated GENTARTH Tablet contains:

Sodium Gentisate	100 mg.
Raysal-Succinate (representing 43% Salicylic Acid and 3% Iodine in a Calcium-Sodium Phosphate Buffer Salt Combination)	325 mg.
Succinic Acid	130 mg.

The recommended dosage is two or more tablets three or four times daily (after meals and before bedtime).

GENTARTH Tablets are supplied in bottles of 100, 500 and 1,000 and are available at all pharmacies on prescription.

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16. Guerra, J.: J. Pharm. Exp. Ther., 87:1943 (1946).

For free clinical supply and literature, write to Raymer Pharmacal Company, N.E. Cor. Jasper & Willard Streets, Philadelphia 34, Pa.

he opined, was to live on water for thirty-one days.

His cure for a cold consisted of swathing the patient's chest and forehead with moist bands, hooking the sufferer up to still another machine.

"In a few minutes," Murray reports, "I felt as though my head and chest were in an oven. Sweat poured out; my nose was as dry as overbaked meat."

"Fever," said his tormentor cheerfully, "is nature's way of casting out illness. We simply help nature along."

Treatment lasted about five minutes. When the ordeal by fire was over, Murray was turned out into the chill of a near-zero day, $5 lighter.

Brain Waves

Next visit was to a faith healer. Treatment consisted of nothing more strenuous than absorbing thought waves. The doctor of double-talk made no diagnosis. His "special powers" could cure anything, he explained.

Ordering the patient to lie down, the swami waved his hand back and forth. This motion, he said, would cause a tingling sensation resulting in cure.

"My leg tingled all right," Murray observes. "But it was because the table edge caught my ankle. My leg went to sleep." The tingle treatment cost $2.

Considering his tour incomplete without a visit to a chiropractor, Murray next stopped off at the "Head-to-Toe Health Service." The proprietor's fee for a "complete examination": $15.

Although Michigan limits chiropractors to manual manipulation of the spine, Murray received a head and chest X-ray. The chiropractor also took a urine sample, blood smear, and blood-pressure reading —for good measure putting manometer cuffs on both arms. He then plunked the patient's feet in a pan of water and wired him to an electric apparatus that massaged his legs.

Enemas

This over, Murray was ready to climb back into his clothes and call it a day. But the haymaker was yet to come. He was led back to a bathroom where he took one look and gulped. There, ready and waiting, was the full paraphenalia for giving enemas.

"I was trapped," he reports. "He poured a seemingly endless amount of water into me, kept asking, 'Feel any cramps?' I can tell him now—the cramps came later."

The experience was no help to Murray's health. But readers who suffered vicariously along with him found his stories a fine cure for quacks.

In publicity of this nature, Michigan's ethical physicians saw hope of a public demand for legislation that would finally and effectively hamstring local charlatans.

—ROBERT M. HARLOW

Euthanasia Society Exploits News

Recent 'mercy deaths' bring modest membership gains among M.D.'s and laymen

"Seems to me we should deal with our own teen-age problem first. Why should I support a movement for youth in Asia?"

Such used to be the reaction of many people approached by the Euthanasia Society of America, Inc., in its campaign to legalize mercy death. But no more, says Dr. Robert L. Dickinson, president of the organization. "Nowadays they at least know what we're talking about when we use the word euthanasia. And we're signing up new members faster than ever before."

The reason lies, of course, in the welter of mercy-death cases in the headlines during the past year. The Paight killing in Connecticut, where a 20-year-old girl shot her cancer-doomed father started the boom off. But the society got its biggest boost from the New Hampshire trial of Dr. Hermann N. Sander. Less publicized, though also helpful in recruiting new members, was Pennsylvania's fratricidal Mohr case, again involving cancer.

But the Euthanasia Society has not yet reached a size within hailing distance of the publicity it enjoys. Though the Paight and Sander affairs swelled its dues-paying rolls by 20 per cent in a few months' time, its membership is still under 600. Much of its influence stems from sympathetic outsiders, like the 1,100 physicians and 386 clergymen who signed its petition to the New York State legislature for a euthanasia law two years ago.

Few Doctor-Members

Actually the society has only about 100 M.D.-members. Nearly a third of these, however, are listed in its roster of officers, directors, and advisory council members, lending a strong coloration of medical backing to the enterprise.

Among the more prominent medical members, besides Dr. Dickinson, are Drs. Foster H. Kennedy, Howard W. Haggard, Frank L. Meleney, and John F. Erdmann. Advisory council members include authors W. Somerset Maugham, Robert E. Sherwood, and Eugene O'Neill; poet Robert Frost; professional liberals Arthur Garfield Hays and Max Eastman; birth-controller Margaret Sanger; plus the Rev. Harry Emerson Fosdick and some

other Protestant and Jewish clergymen.

The euthanasia idea is, of course, almost as old as human suffering. The word itself (from the Greek, "easy death") was bandied around by Roman philosophers. But today's formal movement to write it into law got its start as recently as 1936, with the formation of Britain's Euthanasia Society (backed by such figures as Julian Huxley, Dean Inge of St. Paul's, and George Bernard Shaw). Though an attempt to push legislation through Parliament came to grief, the idea jumped the Atlantic and the American society was founded in 1938.

Until 1949, the membership of the U.S. group was confined almost wholly to New York. Last fall, however, the society seized on the Paight case to set up a Connecticut chapter under Dr. Mildred H. Clark of New Haven; this unit now boasts about thirty members. Plans are also afoot to organize in Allentown, Pa., locale of the Mohr case. But the organization's hopes for a sizable New Hampshire chapter are waning; for Manchester doctors and clergymen, after indicating some interest at the time of the Sander trial, have reportedly reconsidered.

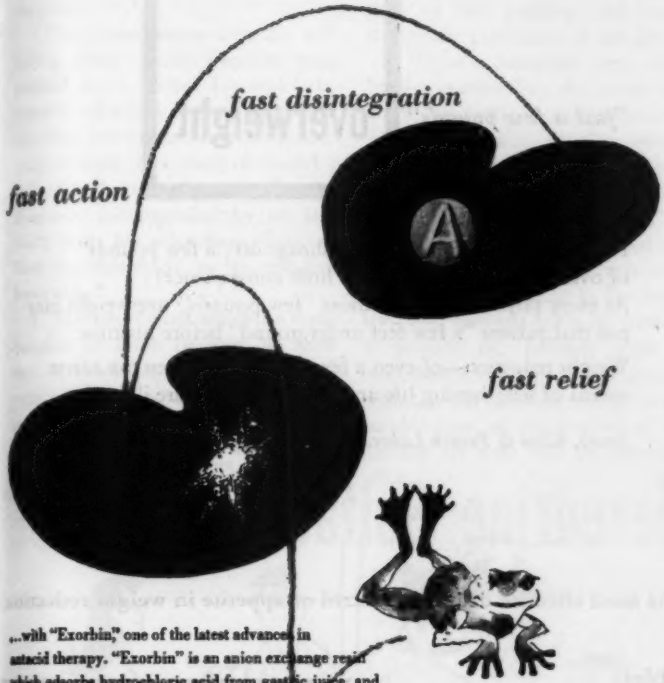
Society Activities

Meanwhile the national (New York) body continues its stepped-up activities. These include ten to twenty speaker engagements each month; 500 request packets of literature mailed to libraries, schools, and discussion groups in the first quarter of 1950; circulation of a propaganda movie entitled "Live Today for Tomorrow"; and preparation of a petition to the U.N. Commission on Human Rights, plugging "the right to die for incurable sufferers." To finance these activities, members pay from $2 to $100 in annual dues.

The society estimates the number of mercy killings each year in the United States at twenty to twenty-five. "But this does not include suicides, many of which we believe are instances of merciful release," says a society spokesman; "nor does it include deaths hastened by physicians, though not so reported."*

To do away with impromptu (and sometimes inhuman) mercy killing, the society advocates a bill to legalize the act in the several

*This implication is hotly denied by such prominent physicians as Dr. John F. Conlin. See "Should We Legalize 'Mercy Killing'?" May 1950 issue.



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No alteration of acid-base balance of body fluids[2]

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"Exorbin" No. 373 is presented in tablets of 0.25 Gm. (4 grains); bottles of 100. Also available in Powders, 1 Gm. (15 grains), No. 372; boxes of 50.

[1]Kremer, M.: Postgrad. Med. 2:431 (Dec.) 1947.
[2]Kremer, M., and Siegel, L. H.: Arch. Surg. 56:318 (Mar.) 1948.
[3]Martin, G. J., and Wilkinson, J.: Gastroenterology 6:315 (Apr.) 1946.

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"just a few pounds"

overweight

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As every physician knows, those "few pounds" overweight may put that patient "a few feet underground" before his time.
Weight reduction—of even a few pounds—is often the surest means of lengthening life and diminishing future illnesses.

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Dexedrine* Sulfate

The most effective drug for control of appetite in weight reduction

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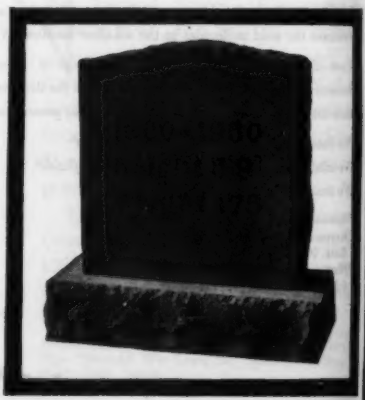

*T.M. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F.

states. Here's how it summarizes the measure:

¶ "Any sane person over 21, 'suffering from severe physical pain caused by a disease for which no remedy affording lasting relief is at the time known to medical science,' may address to a court of record a signed and attested petition for euthanasia, accompanied by an affidavit from his attending physician that the disease is, in his opinion, incurable.*

¶ "The court shall appoint a commission of three persons, at least two of them physicians, to investigate all the factors involved in the case and report to the court whether the patient understands the purpose of the petition and comes within the provisions of the act.

¶ "Upon a favorable [*sic*] report by the commission, the court shall grant the petition, and euthanasia, if still requested by the patient, may be administered by a physician or any other person chosen by the patient or the commission."

The society concedes there is small chance for early enactment of such a law anywhere in the country. But, imbued with its mission, it presses on, holding aloft its emblematic caduceus with wings—perhaps an unconsciously ironic combination of the symbol of the healing art with that of the hereafter. END

*Besides cancer, says the society, such diseases include certain forms of arthritis, nephritis, and osteomyelitis.

"We want you to give Blathers a check-up. He's been working under pressure lately."

"One nervous woman

can give rise
to more diverse,
undiagnosed and
undiagnosable
complaints
than a whole
pathological ward."

Harding, T.S.: M. Rec. 160:198, 1947

For the many patients, especially women, who complain of nervous tension throughout the day and wakefulness during the night, ESKAPHEN B ELIXIR is an ideal preparation.

ESKAPHEN B ELIXIR provides both the calming action of phenobarbital (1/4 gr. per 5 cc.) and the tone-restoring effect of thiamine (5 mg. per 5 cc.).

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The delightfully palatable combination of phenobarbital and thiamine.

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How to Buy A Used Car

These hints will prevent your picking a dud when you shop for that extra car

• Dr. Anderson's wife had been working on him for several months. "Wouldn't it be nice," she'd say, "if we had another car? Then I could run my errands without leaving you high and dry. And Jack could use it for dates when he's home from college."

One day the doctor noticed a shiny, three-year-old model in a downtown used-car lot. It looked like such a bargain that he snapped it up, proudly brought it home. Next day, his wife had the oil changed, whereupon the engine developed a knock that would have put a woodpecker to shame. It turned out that an extra-heavy grade of oil had been used to silence the badly-worn motor.

But the worst was yet to come. The garage mechanic discovered a poorly welded crack in the car's frame. "Looks like this baby was once in a pretty bad collision," he said. Overnight, Dr. Anderson's "bargain" had turned into a first-class gyp.

Many used-car dealers have a full quota of such rattletraps, patched together and waiting for the unsuspecting customer. But that's no reason to chalk off the possibility of getting a good second-

Because gradual lowering of blood pressure is so important in hypertension, Nitranitol is almost universally prescribed in such cases. Its gradual action and its ability to maintain lowered pressure for prolonged periods make Nitranitol an ideal vasodilator. Nitranitol, virtually nontoxic, is safe to use over long periods of time. It is available in these four forms:

- **When vasodilation alone is indicated.** *Nitranitol.* (½ gr. mannitol hexanitrate.)
- **When sedation is desired.** *Nitranitol with Phenobarbital.* (½ gr. Phenobarbital combined with ½ gr. mannitol hexanitrate.)
- **For extra protection against hazards of capillary fragility.** *Nitranitol with Phenobarbital and Rutin.* (Combines Rutin 20 mg. with above formula.)
- **When the threat of cardiac failure exists.** *Nitranitol with Phenobarbital and Theophylline.* (½ gr. mannitol hexanitrate combined with ½ gr. Phenobarbital and 1½ gr. Theophylline.)

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NITRANITOL®

For gradual, prolonged, safe vasodilation

hand car as a spare for the family.

Before you go shopping, do a little spadework: Check the classified section of your local newspaper. Browse through a few used-car lots. Compare prices of the models you're interested in.

Where to Buy

Make up your mind at the start to be choosy where you do business. Give a wide berth to any dealer guilty of flamboyant advertising.

To get the names of reliable outfits, check with your local chamber of commerce or better business bureau. You can also invite suggestions from the dealer who sold you your new car. If he happens to sell used cars (taken in trade for new ones), he's probably your safest bet. You can be sure he'll want to keep your good-will.

You may be able to get a good buy from a private individual. But it's risky unless you know him. For, unfortunately, there's no foolproof way to make sure his title is clear. Best check: a search of the county clerk's records. Judgments against the owner probably will be entered there. You also can ask the owner to pledge in writing that no liens exist. This gives you the doubtful privilege of suing if he's not telling the truth.

The beauty of many a second-hand car is only enamel-deep. To cover up flaws, it may have been repainted. Is this the case? You can usually tell by opening the door and examining the edges. If the paint is chipped, the original coat may show through.

Low mileage is no gauge of the use a car has had, for the speedometer may have been set back. But if brake- and clutch-pedal pads and floor mat are badly worn, it's a cinch the car has seen a lot of service. If they have been replaced, the answer is also obvious.

Check on Wear

Wear on the driver's side of the front seat may also tell a more accurate story than the speedometer. And dirty upholstery points this moral: If the former owner neglected the appearance of his car, is there any reason to believe he took better care of the motor? P.S. Look under seatcovers, too.

Another telltale sign of a car's usage is the tires. The speedometer may read 20,000 miles. And the tires may look in good shape. But if all tires are not alike, the speedometer is probably lying. New auto-

* HANDITIP *

Rubber Pencil

A typewriter eraser set in a wooden shaft so it can be sharpened like a pencil will help your secretary correct her typos with neatness and dispatch. Many find it easier to grasp, more accurate to use than the old disc type. Ten cents at most any stationer's.

* * * * *

400% more cholesterol in coronary arteries

postmortem studies reveal 4 times greater cholesterol content of coronary arteries in fatal coronary thrombosis[1]

"The average cholesterol content of the coronary arteries in a group of patients who died from an acute coronary artery thrombosis was four times as great as the average cholesterol content of the coronary arteries in a comparable group of control patients."

"Hypercholesterolemia was found in most of the patients who died of acute coronary artery thrombosis, as compared to a normal blood cholesterol average in the comparable control group."[1]

Accumulating evidence shows that lipotropic therapy [Methischol] will reduce elevated blood cholesterol levels[2,3,4] . . . and even may "prevent or mitigate" cholesterol depositions in the intima of blood vessels in man and animals.

It has already been reported that in patients who have had acute coronary occlusion, lipotropic therapy may significantly prolong life over an untreated group with the same diagnosis.[5]

methischol

suggested daily therapeutic dose of 9 capsules or 3 tablespoonfuls provides:

Choline Dihydrogen Citrate	2.5 Gm.*
dl-Methionine	1.0 Gm.
Inositol	0.75 Gm.
Liver fractions from	36.0 Gm. liver

*present in Methischol Syrup as 1.15 Gm. choline chloride.

supplied in bottles of 100, 250, 500 and 1000 capsules, and 16 oz. and 1 gallon syrup

write for samples and literature

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1. Morrison, L. M. and Johnson, K. D.: Amer. Heart J. 39:81, Jan. 1950.
2. Herrmann, G. R.: Exp. Med. & Surg. 5:149, May-Aug. 1947.
3. Leinwand, I. and Moore, D. H.: Amer. Heart J. 38:8, Sept. 1949.
4. Frick, W. C.: N. Y. Med. 5:16, Oct. 20, 1949.
5. Morrison, L. and Gonzalez, W. F.: Amer. Heart J. 38:471, Sept. 1949.

mobiles come equipped with the same make and grade tires on all four wheels.

Used-car lots are often graveyards for wrecks. The dealer buys them for a song, fixes them up, then sells them for a tidy profit. Trouble is, they generally have structural defects that aren't apparent. It's wise to avoid taking chances with any car that looks like it may have been in a collision.

Spotting Wrecks

Shopping by daylight, you can spot a wreck easily. Here's how:

¶ Look for dents that have been pounded out and painted over.

¶ Examine the underside of fenders for signs of repair. If one fender appears newer than the rest, it's probably been replaced.

¶ Take a peek underneath the car, especially around the front axle. Large welded areas and blackened or rusted sections are likely signs of a smash-up.

Watch for clues that point to large repair bills: Tires that are worn unevenly indicate poor wheel alignment. Spots of water under the car may be from a leaky radiator. Too much play in the steering wheel is a sign of worn or loose steering assembly. Heavy or dirty oil on the oil gauge probably means piston rings are shot.

If a car passes muster on these counts, ask to take it out alone for a couple hours. If the dealer objects, heed the warning and go elsewhere. If he asks you to sign any papers, read them carefully. If he wants a deposit, get a receipt that says you'll get your money back when the car is returned.

After you've started the engine, try these tests:

¶ With the motor idling, check the ammeter. It should hover near zero. When you step on the gas, the needle should hop to the charge side. The oil gauge should rise at least halfway.

¶ Jockey the accelerator up and down while keeping an eye on the back window. Clouds of bluish smoke from the exhaust tab the car as an oil burner. It needs a new ring job or rebored cylinders.

¶ With the engine turning over slowly, shift into low gear. Then let out the clutch gradually. If the car is in good shape, it should move ahead without bucking.

¶ Try driving alternately forward and backward, shifting as fast as possible. If the clutch slips

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Westinghouse X-Ray

or engages with a jerk, or acts up in other ways, it may need replacement.

¶ Driving along at about fifteen miles an hour, listen for a light metallic tap. It's usually caused by loose wrist pins.

¶ Pick some bumpy roads. Are rattles pronounced? They're probably caused by worn spring suspension, shackle bolts, and bushings.

¶ Start slowly up a hill in high gear. A deep, muffled knock will tell you the main bearing is loose. Coast down the other side in high gear. The motor should hold the speed down. This test will bring out most abnormal noises in the engine.

¶ Driving at a speed of about forty-five miles an hour, release the accelerator, letting the car's momentum carry it along for a hundred yards or so. If you hear a rapping noise in the engine, it's probably the result of loose or worn-out bearings.

¶ On a straight, level road, take your hands off the steering wheel. The car should hold a straight course for several hundred feet.

¶ Apply the brakes suddenly. If they grab, squeal, or cause the car to swerve, they may need new linings. Check the emergency brake on a steep grade.

Final Check

No *old* car, even one in good shape, will pass all these tests. So for a sound evaluation, have an experienced mechanic go over it for you. In some cities, mechanics make a regular business of doing this. Your local AAA can often suggest one. The checkup shouldn't cost more than $10. It will be worth it to have an impartial, expert opinion.

Before you close the deal, it's a good idea to get a written guarantee that the dealer will pay for all or part of the necessary repairs for the first month or two. The guarantee should specify that repairs include cost of labor as well as new parts.

A final note: If you're in no hurry to buy, wait until fall. Soon after the new models are announced, used-car prices usually drop. END

Baby Sitzer

• I circumcised a small child and instructed the mother to give him a sitz bath the next day. Soon after she had left the druggist called to ask what medication I had prescribed. "Mrs. Jones is here," he said in a baffled tone, "and wants me to sell her a quarter's worth of sitz."

—L. S. MC NEILL, M.D.

NEW . . .

A bactericidal SOAP

FOR PHYSICIANS, SURGEONS AN

In Office, Home, Operating Room and All Cleansing Procedures

You'll say it's a top quality bar of hard-milled soap—yet its ingredients give results never obtained from any soap.

Gamophen contains hexachlorophene (2%),* the most effective, longest-acting skin antiseptic known. The soap base was specifically selected to provide optimum release of hexachlorophene's bactericidal properties, without irritating or drying the skin. Gamophen has been tested in 3½ years of laboratory and clinical evaluation.

Prolonged Antibacterial Effect

The hexachlorophene exerts a prolonged antibacterial effect against the resident flora of the skin, gram-positive and gram-negative organisms, pathogenic and non-pathogenic bacteria.

Several investigators have found that the standard scrub of 15 or 20 minutes may safely be reduced to from 3 to 5 minutes when Gamophen is used.

In a series of comparison tests it was found that the bactericidal action of Gamophen was 36% greater against mixed cultures of S. aureus, S. hemolyt

WHAT YOU GET IN GAMOPHEN

Bactericidal action. Sustained low count in regular use. Emollient effect—no irritation. Quick, rich lather in any water. An excellent deodorant. Economy—less than half the cost of liquid soap. Tremendous Time Saver—3-minute scrub is sufficient.

* "Hexachlorophene" has been accepted by the Council on Pharmacy and Chemistry of the American Medical Association as the generic term for dihydroxyhexachlorodiphenyl methane.

GAMOPHEN ANTISEPTIC SO

ETHICON SUTURE LABORATORIES
INCORPORATED
NEW BRUNSWICK, NEW JERSEY

AND HOSPITAL PERSONNEL

Emollient, Rich-Lathering, Fast-Acting Continuously-Effective, Economical

...us and E. coli, and 10% greater against Cl. welchii, than 3½% tincture iodine.

When used routinely for all cleansing occasions in hospital, office and home, Gamophen establishes a protective antibacterial film which exerts a continuous action. The marked degree of suppression achieved is maintained as long as this soap is used regularly and for several days after its use is stopped. The use of alcohol or other solvent rinses is contraindicated.

Bactericidal in 3-minute Scrub

Gamophen Soap is alkaline in solution, with a pH of 8.5 to 9. It is bactericidal in a 3-minute scrub in the concentrations used in normal scrub conditions. It quickly produces a thick, rich lather, even in hard and cold water. Every lot produced is tested for potency.

WHERE TO USE GAMOPHEN

In office and home. In the hospital wherever soap is used—by staff personnel or patients. For pre-operative antisepsis of skin. Industrial clinics and first aid stations.

In other tests, hexachlorophene in Gamophen was found to be more effective than it was in other vehicles, such as certain liquids having an acid pH, in which it is bacteriostatic but not bactericidal. Liquid solutions having an acid pH lower the effectiveness of hexachlorophene.

Gamophen is supplied in 4½-oz. bars for home and office; in 2-oz. bars for hospital personnel and patients' use.

FREE—FULL-SIZE BAR FOR TRIAL

(May be clipped and pasted to Penny Post Card)

ETHICON, New Brunswick, N. J. DEPT. ME-650

Please send Gamophen Soap and Literature.

Dr._____

Street_____

City_____ State_____

Limited to Profession in U. S. A.

Know Your Insurance

It pays, since you'll never collect for losses your policies don't cover

• When you're depending on insurance, ignorance is no excuse—or protection either. Bear in mind that insurance policies are legal contracts between you and the company. They cover the contingencies listed, under the conditions listed, and in the amounts described. And all the wishful thinking in the world can't change them after a loss occurs.

Take the case of the doctor whose nurse fell down his front steps. He *thought* his liability insurance covered the accident. But his security vanished when the adjuster pointed out that he had only *public* liability insurance. Non-residents were covered, but his employes weren't. There's a world of difference to the insurance company. And there was for the doctor, too. In dollars and cents.

The doctor could have corrected the omission easily—if he'd discovered it in time. All he needed was an endorsement on his policy giving him employer's liability coverage at a fixed per capita charge—or, better still, a comprehensive personal liability policy. As it was, he paid the nurse's claims out of his own savings.

You may not face similar risks, but the basic point remains: To be sure you're insured, know your policies inside out. Let's underscore the moral by examining the fine points of various forms of insurance.

Fire Insurance

Special care must be given to fire insurance because a single fire can wipe out the savings of a lifetime. Fire insurance companies can reimburse you for the loss of your home or equipment only if you are farsighted enough to secure adequate coverage before the fire.

If your office is in a business building, your fire insurance policy on your furnishings and equipment may contain a co-insurance clause. If your home is in New York City

---

**Prepared with the help of insurance specialists, this article was checked by staff members of the Association of Casualty and Surety Companies and the National Board of Fire Underwriters.*

Making the most of what you have

or: *half of knowledge is knowing where to find it!*

THIS IS THE WHITE SECTION

—PROFESSIONAL PRODUCTS INFORMATION—

in your PDR*

NORISODRINE SULFATE

COMPOSITION: A sympathomimetic amine, Isopropylarterenol Sulfate.

ACTION AND USES: Recommended for the symptomatic relief of bronchial asthma, Norisodrine is chemically similar to ephedrine and epinephrine. It has a stimulating effect on the sympathetic nervous system resulting in dilatation of the bronchi. Gives both relief from the immediate attack of asthma and symptomatic relief in chronic asthma—mild, moderate or severe. Useful for patients not relieved by epinephrine.

ADMINISTRATION AND DOSAGE: For oral inhalation, Norisodrine may be given either as powder with the Aerohalor® or in solution with a nebulizer. It is taken only through the mouth. Dosage must be carefully adjusted to the patient, as Norisodrine is a potent drug. The first dose should be administered in the presence of the physician to establish the needed dosage.

CONTRAINDICATIONS: Ephedrine, epinephrine, or other sympathomimetic drugs should not be administered simultaneously with Norisodrine, since the toxic effects are additive. Patients should be warned against overdosage.

HOW SUPPLIED: Norisodrine Sulfate, 10% and 25%, powder for oral inhalation, in Aerohalor Cartridge (a multiple-dose cartridge). Vials of 3 cartridges, 4 vials to box. Norisodrine Sulfate Solution, 1%, bottles of 10 cc.

your up-to-date index to ethical drugs

It provides you with all the data you need on a pharmaceutical specialty — its COMPOSITION, ACTIONS AND USES, ADMINISTRATION AND DOSAGE, CONTRAINDICATIONS, HOW SUPPLIED.

Other sections — the ALPHABETICAL INDEX, by company and product (pink); the DRUG AND PHARMACOLOGICAL INDEX (yellow); and the THERAPEUTIC INDICATIONS INDEX (blue) — all lead you to the informative white division, the heart of your PDR. If you know the name of the company which makes the product that interests you, you may go directly to the white section which is arranged alphabetically by company and — under each company — alphabetically by product name.

Examine your PDR! You'll be surprised at the amount of useful information it contains.

***PDR — Physicians Desk Reference**

PUBLISHED BY *MEDICAL ECONOMICS, INC.*, RUTHERFORD, N. J.

Iron alone *may not be adequate . . .*

In anemias encountered in routi practice, symptoms may overla elaborate testing may be impracti and precise etiology may rema obscure.

LAURIUM—new, effective hem tinic—provides a well-rounded as w as well-tolerated iron-plus formul

Well-Tolerated Source of Iron—Laurium presents ferrous gluconate—readily available, well utilized, ou *standingly free from digestive irritati or upset.**

Adjunctive Hemafacient Factor—Laurium is fortified with adjunctiv hemopoietic principles which encour age iron absorption and overcom deficiencies that retard recovery.

Laurium®

Administration—As a dietary supplement, one or two capsules daily. In the treatment of hypochromic or nutritional anemia, one or two capsules three times daily as required by the severity of the anemia and the response to therapy.

Each Laurium capsule contains:

FERROUS GLUCONATE	300 mg.
LIVER CONCENTRATE (1:20) (Equivalent—4 Gm. Fresh Liver)	200 mg.
FOLIC ACID	1 mg.
THIAMINE HYDROCHLORIDE	2 mg.
RIBOFLAVIN	1 mg.
NIACINAMIDE	10 mg.
ASCORBIC ACID	15 mg.

Whittier
LABORATORIES
Division Nutrition Research Laboratories
Chicago 38, Illinois

Each capsule contains approximately 33 mg. of elemental iron—three times the Minimum Daily Adult Requirement—two times the M.D.R. for thiamine, one-half the M.D.R. for riboflavin and ascorbic acid, with 10 mg. of niacinamide. The need for folic acid in human nutrition has not been established.

Supplied in bottles of 100 capsules.

*U. S. Dispensatory, Philadelphia, J. B. Lippincott Co., 1947, p. 477.

or one of its suburbs, or in Cook County, Ill., this co-insurance clause may be part of the fire insurance policy on your home and household furnishings. In that case, it will be more important than ever for you to maintain your coverage at an adequate level.

Briefly, the co-insurance clause promises you a reduced rate if you carry fire insurance up to a certain percentage of the value of your property. Usually this is 80 per cent. If your insurance falls below the required mark, the company pays the loss only in the proportion that the insurance carried bears to the insurance required. In case of total loss, however, the payment would be made to the full value of the policy.

Let's say that your office furnishings are worth $5,000. To have 80 per cent coverage, you need $4,000 of insurance. What happens if you have only a $3,000 policy? Well, if fire destroys $1,000 worth of your furnishings, you get only $750. That's because the company's liability in this instance is limited to 75 per cent.

Changing Value

Don't forget that insurance losses are paid on the basis of the value of your property at the time the loss occurs. Thus a policy that was adequate three or four years ago may no longer afford proper coverage.

New furniture and equipment may have boosted the value of your holdings. Or skyrocketing prices may have doubled the value of older items. Moral: reassess your equipment every couple of years.

Keep an Inventory

It's wise also to keep an inventory of your household goods. For no matter how good your memory is, you'll surely forget something in the excitement that follows a fire. And when you accept a check from the adjuster, you accept full payment for your loss. Later, if you recall the expensive fishing tackle that was stored in the attic, the company may rightly ignore your claim.

Does your household fire insurance cover your professional equipment? It should. You need an endorsement on your policy stating that coverage includes "equipment usual to a doctor's office."

And remember that ordinary fire

* HANDITIP *

Air Plug

A new type deodorizer may be plugged into the handiest electric outlet, keeps office air fresh without recourse to bottles or sprays. A deodorant pill placed inside the device is activated by a heating element, remains effective about four days. Also available are demothing pills, medicated pills said to relieve effects of hay fever and asthma.

* * * * *

insurance doesn't cover cash, negotiable securities, or evidences of debt. Don't expect to collect for them if they go up in smoke.

The average fire insurance policy covers damage from fire and lightning, but not explosion. If a gas stove blows out a wall and starts a fire, the company is liable only for the fire damage. To cover the loss by explosion, you should have an extended coverage endorsement on your fire policy. For little extra cost, it protects your property from damage by a number of other perils, including smoke, aircraft, vehicles, hail, and riot.

When insuring your home, determine the amount of coverage by the replacement cost, not by the purchase price or possible sales price. You need enough insurance to cover the reconstruction cost of the building from the ground up (excluding land and foundation costs). [*Turn page*]

Cartoons

¶ The caption for the cartoon on page 133 was contributed by a practicing physician. Can you think of a gag line for this cartoon or for any other cartoon appearing in this issue? MEDICAL ECONOMICS will pay $10.00 for each caption accepted, or for any original cartoon idea with a medical slant. Address Medical Economics, Rutherford, N.J.

. . . RENNET-CUSTARDS

Psychologic Anorexia

Intempting, rather than forcing, rebellious or flagging appetites, delicious rennet desserts (easily made from "Junket" Brand Rennet Powder or Tablets) prove most helpful. Retaining all of milk's nutritive values, yet possessing varied flavor and color appeal—these simple, attractive, eggless custards are almost invariably consumed without bribe or persuasion. Besides pleasantly disguising uncooked milk, rennet-custards produce soft, finely flocculent, easily digested curds in the stomach. More and more physicians are thus finding rennet desserts a valuable means of counteracting the "finicky behavior" often attached to milk.

"JUNKET" BRAND FOODS
DIVISION
Chr. Hansen's Laboratory, Inc.
LITTLE FALLS, N. Y.
F-650

Just a reminder, Doctor! Mothers will appreciate your inclusion of rennet desserts on your diet recommendations.

They impart delicious variety, taste-tempting attractiveness and ease of preparation to milk desserts.

Make delicious rennet desserts with either:

"Junket" Rennet Powder — sweetened, in six flavors (vanilla, chocolate, lemon, orange, raspberry, maple).

"Junket" Rennet Tablets — unsweetened, unflavored (particularly for very young infants and diabetics).

"JUNKET" is the trade-mark of Chr. Hansen's Laboratory, Inc. for its rennet and other food products.

New Method for Relief of Allergic Nasal Symptoms

This convenient plastic Nebulizer distributes a mist of minute droplets of PYRIBENZAMINE hydrochloride Nasal Solution throughout the nasal passages.

Relief usually is immediate—complete—prolonged. Side reactions rarely occur except for occasional transient stinging. It is convenient to carry in purse or pocket and may be used at any time in any place.

The Nebulizer provides several hundred applications of PYRIBENZAMINE hydrochloride 0.5% in an isotonic, buffered solution. One application in each nostril usually is a therapeutic dose and may be repeated as required.

Pyribenzamine Nebulizer

Ciba
PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY

PYRIBENZAMINE ®
(brand of tripelennamine)

2/11846

Do you know the difference between burglary and theft? The insurance company makes a distinction and so should you. Legally, theft is "felonious abstraction of real property without consent." It's burglary only when there are "visible marks by tools or explosives of entry by force and violence." If your policy covers theft, it includes burglary, robbery, theft, and larceny. Both kinds of insurance require that you *immediately* notify the police of the loss.

Suppose someone uses a pass key to enter your home and then walks off with everything but the kitchen sink. If you have only burglary insurance, you can't collect a cent.

Speaking of definitions, let's consider two different terms used in automobile physical damage insurance: "actual cash value" and "stated amount." The meaning of the first term is clear enough. You receive the amount the car is worth at the time of the accident.

In stated-amount policies, though, the insurance company has two choices: It can pay either the amount stated in the policy or the actual cash value of the car at the time of loss.

If you own two cars, you may think that your liability policy covers both. It doesn't. You need an endorsement specifically mentioning both vehicles. Otherwise, if you have an accident while driving the car that isn't covered, you'll pay

"What the hell does he know about the psychodynamics of delinquency?"

the damages out of your own pocket.

If you own only one car when you take out the policy and later acquire another, the second vehicle will be automatically covered if you notify the company within thirty days. This holds true also when you trade in your old car for a new one.

And here's a warning for travelers. Your automobile insurance probably protects you only in the United States, its territories and possessions, and Canada. So, if you're going south of the border, ask your insurance man how you can be covered during the trip.

Accident and Health

There seems to be more variation in health and accident policies than in other casualty insurance. Most companies offer coverage that fits the needs of the insured and the premium paid. Unfortunately, a few companies issue policies with so many limitations and exclusions that for all practical purposes coverage is wholly inadequate. So it's important for you to know what protection your particular policy gives.

One thing you should watch for is the duplicate coverage provision. Most companies do not use it in their policies, but a few include what are called Optional Standard Provisions 17 and 18. Under these provisions, if you have more than one policy, you may be subject to a pro rata reduction of benefits.

Here's an example: A physician carried disability policies with two companies, each to pay $200 a month. But he failed to tell either about the other policy. Did he collect $400 a month when he was totally disabled? Not by a long shot. Since both policies had the duplicate coverage clause, he got only $100 a month from each company.

Partial Benefits

Of course, you'd be entitled to a refund of part of the premiums for the coverage you didn't receive. But if you wanted full benefits under both policies, you'd have to notify both companies in advance and have your policies endorsed accordingly.

A variation of this clause says that total benefits from all policies may not exceed your average earnings for the two years prior to your claim. If they do, each company pays only a proportionate amount of its policy. This share is determined by the ratio of your average earnings to the total benefits.

Make it a point to avoid health and disability insurance policies that:

¶ Pay only for stated illnesses or accidents.

¶ Require that you be confined at home.

¶ Require that you be attended by a doctor every seven days.

¶ Do not pay for accidents resulting from violations of the law.

Most disability policies pay ben-

newer . . . better and different

for ATHLETE'S FOOT

DECUPRYL®

LIQUID

a solution of copper undecylenate*, with undecylenic acid, and dioctyl sodium sulfo-succinate in isopropanol and tetrachloroethylene (Pat. App. For)

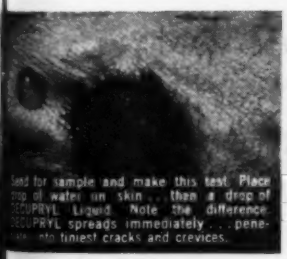
newer contains the more fungicidal copper salt of undecylenic acid in a volatile liquid base—"wets" the skin immediately, spreads rapidly, penetrates.

better assures faster clinical cure in more cases by getting at the fungus.

different patients will know they are getting something different. Decupryl Liquid is different, it looks different—and they cannot walk into a drug store and buy it without your prescription.

DECUPRYL Liquid is available, on prescription only, in 1 oz. bottles with brush applicator, and 4 oz. bulk bottles.

* Also available in cream form, DECUPRYL CREAM, in 1 oz. and 1 lb. jars, and as powder, DECUPRYL POWDER, in 2 oz. cans.



Send for sample and make this test. Place drop of water on skin . . . then a drop of DECUPRYL Liquid. Note the difference. DECUPRYL spreads immediately . . . penetrates into tiniest cracks and crevices.

CROOKES LABORATORIES, INC.
305 East 45th St., N. Y. 17, N. Y.

Please send me literature on DECUPRYL and a sample of
DECUPRYL Liquid ☐ DECUPRYL Cream ☐ and DECUPRYL Powder ☐

Dr. _____

Address _____

_____

efits for a specified period if you can't follow your regular occupation. Such benefits continue beyond this period only if you are unable to engage in any occupation.

The surgeon should be particularly wary of disability insurance. If he gets a policy that provides only for total disability, he'll find that an injury that ends his career as a surgeon isn't compensable if he can continue to practice as a physician.

Invalidated Policies

A disability or health insurance claim can peter out for other reasons too. It may, for example, be invalidated by any of these oversights:

¶ Failing to give your prior health record accurately and in detail, if it constitutes any material misrepresentation.

¶ Failing to notify the company within ten days of the beginning of the illness.

¶ Missing a premium payment after disability or illness has begun.

Most important, find out if your health insurance is renewable. Clearly this kind of coverage is valuable only if it remains in force until you're at least 60.

To prevent being disappointed, learn the difference between "noncancellable" and "renewable." They may sound like different words for the same thing, but they're not. A non-cancellable policy can't be terminated by the company except for nonpayment of the premium. The renewable policy is renewable only at the company's discretion.

From the buyer's point of view, renewability is, however, a keynote in term life insurance. Without it, you can't have real protection. Don't be misled by the fact that your policy is convertible. This means only that you can change to a higher premium form without a new physical examination. If your policy is non-renewable, it says so either on its face or at the bottom of the first page.

The only way to learn how much your insurance covers—and doesn't cover—is to read each policy with understanding. If you're still in doubt, consult your broker, agent, or insurance company. Either will be happy to give you any assistance he can. END

Enough to Kill Anyone

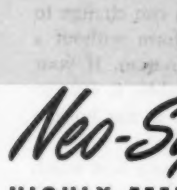
• One of our patients was telling the doctor about a friend of his who fell and hit his head on a cement walk. "He died right then and there," our Mr. Malaprop explained, "of a brain hemorrhoid." —DOCTOR'S SECRETARY, COLORADO

The concept that allergic tissue responses are important contributory factors in upper respiratory infections has been widely accepted. To combat these allergic manifestations more effectively, the time-tested, dependable decongestant—Neo-Synephrine hydrochloride—has been combined with a new, highly active antihistaminic—Thenfadil hydrochloride.

Neo-Synephrine® Thenfadil

HIGHLY EFFECTIVE DECONGESTANT ANTIHISTAMINIC

For symptomatic control of the common cold, allergic rhinitis including hay fever, vasomotor rhinitis and sinusitis.



Well Tolerated—No Drowsiness—Neo-Synephrine Thenfadil nasal solution in clinical tests was well tolerated except for a transitory stinging in a few cases. There was essential freedom from central nervous system stimulation: trepidation, restlessness, insomnia; neither was there drowsiness.

Effective—In common colds, allergic rhinitis including hay fever, vasomotor rhinitis, and sinusitis, excellent results were reported in nearly all cases. There was prompt, prolonged decongestion without compensatory vasodilatation. Repeated doses did not reduce the consistent effectiveness.

Dose: 2 or 3 drops up to ½ dropperful three or four times daily. Neo-Synephrine Thenfadil solution contains 0.25 per cent Neo-Synephrine hydrochloride and 0.1 per cent Thenfadil hydrochloride (N, N-dimethyl-N'-(3-thenyl)-N'-(2-pyridyl) ethylenediamine hydrochloride) in an isotonic buffered aqueous vehicle. Supplied in bottles of 30 cc. (1 fl. oz.) with dropper.

Winthrop-Stearns INC. • NEW YORK, N. Y. • WINDSOR, ONT.

Neo-Synephrine, trademark reg. U. S. & Canada, brand of phenylephrine
Thenfadil, trademark

Medicine's Classic Hoax

Its perpetrator was a squeak-voiced, cocky little British Army doctor

• Women physicians the country over squared their shoulders in pride recently when Lieut. Comdr. Bernice R. Walters became the first woman medical officer ever ordered to duty aboard a naval ship. Sentiments of the jolly jack-tars of the crew were not reported. The vessel's name: USS Consolation.

The Navy's action, however, was not without foundation in tradition –though army tradition, and British Army at that.

The scene flashes back to the autopsy room of a London hospital eighty-five years ago. The body was that of Dr. James Barry, retired Inspector General of Military Hospitals. The post-mortem findings: "Diarrhea Certified"—plus the rather more interesting fact that Dr. Barry, many times honored and promoted during forty-six years in His Majesty's service, was a woman.

The War Office, duly notified, rocked with the blow. How to record this irregularity in official annals? How to mark the grave? The doughty Colonel Blimps of that day hauled out the Barry dossier and set their sleuths to work. Gradually, the amazing story was pieced together.

Little is known of the early life of James, nee Miranda, Barry, except that she was born in Scotland around 1795, was orphaned in tender years, and assumed her male role before entering the University of Edinburgh medical school. Classmates thought her an odd sort, afraid of the more rough-and-tumble games and unable to box properly because she always kept an awkward guard over her chest.

Successful Deception

She joined the Army as a hospital mate in 1813, a "beardless youth" of about 18. Two years later, courageous service at the Battle of Waterloo won her a boost to assistant surgeon. From then on her career was studded with promotions: to staff surgeon, Deputy Inspector General at Corfu, Inspector General of Military Hospitals in Canada, and finally to command of all British Army hospitals.

She served in many parts of the world—South Africa, Jamaica, St. Helena, Antigua, Trinidad—and saw action again in the Crimea. Presumably, during the lulls in that

campaign, she shared in the hot debates of British Army officers over the unwomanly occupation of Florence Nightingale and her nursing sisters.

The Earl of Albemarle, who met Dr. Barry at Capetown, later described her as "unmistakably Scotch in countenance, with reddish hair and high cheek bones. Always trying to overcome a certain effeminancy. A superior conversationalist."

Less than five feet tall, and conspicuously soprano, the doughty little doctor made up for it in cockiness and quick temper. She stood for no foolishness about her mincing ways. On one occasion, when a brother officer twitted her about her voice, she hauled him out of the mess hall for a bare-knuckle fight (her superstructure, this time, notwithstanding). Another heckler, who called her "dearie," paid with his life in a duel. (She had, in fact, more than one notch in her gun, for she was a crack pistol shot.)

Big Spurs

She was a character in more ways than one. In Jamaica, she acquired a strapping Negro orderly and a small pet dog. They were her constant companions about the station. She sported the biggest sword and spurs she could find, liked to tell what a rake she was with women.

But, for all her bravado, she was a strict vegetarian and teetotaler. She even traveled from one post to the next accompanied by a goat to keep her in fresh milk. Her cabin mate aboard the steamer taking her to a new post at Barbados tells how she guarded her moments *en deshabille*: "Now, youngster, you clear out while I dress."

But for all her quirks, according to "The Englishwoman" magazine, she was "obviously skilled as a doctor and did battle against ignorance and carelessness. In a civil appointment as Inspector of the Colonial Medical Board [Canada] she put up strong opposition to the practice of allowing unqualified men to dispense medicine as chemists, and insisted every chemist should have to pass an examination . . . She always dispensed her own medicines, and on entering a sick room where any other doctor had been, always insisted that all drugs formerly prescribed be taken away."

Till the day of her death, Dr. Barry successfully concealed her

* HANDITIP *

Automatic Light

Tired of fumbling for the light switch whenever you want to find something in your office storage closet? Save time and temper with a new automatic switch that snaps the light on when you open the door, off when you close it. Known as Dor-Lite, the switch fastens unobtrusively to the top of the door frame, takes five minutes to install.

* * * * *

AN ADVANCE IN ANTIBACTERIAL THERAPY

NEW AND NONOFFICIAL REMEDIES · 1949 · STATES:

"NITROFURAZONE—Furacin . . . possessing bacteriostatic and bactericidal properties . . . effective in vitro and in vivo against a variety of gram-negative and gram-positive bacteria . . . is useful for topical application in the prophylaxis and treatment of superficial mixed infections common to contaminated wounds, burns, ulceration and certain diseases of the skin . . . Variant bacterial strains showing induced resistance to sulfathiazole, penicillin or streptomycin are as susceptible to nitrofurazone as their parent strains . . ." Furacin® brand of nitrofurazone N.N.R. is available in 0.2 per cent concentration in water-miscible vehicles. It is indicated for topical application *in the prophylaxis or treatment of surface infections* of wounds, severe burns, cutaneous ulcers, pyodermas, skin grafts and bacterial otitis. *Literature on request.*

The NITROFURANS

A unique class of antibacterials

EATON LABORATORIES, INC., NORWICH, N. Y.

FURACIN SOLUBLE DRESSING · FURACIN SOLUTION · FURACIN ANHYDROUS EAR SOLUTION

sex from virtually the entire British military establishment. One exception was a medical officer who attended her in an illness at Trinidad. But he was sworn to silence during her lifetime.

Protection for Miranda

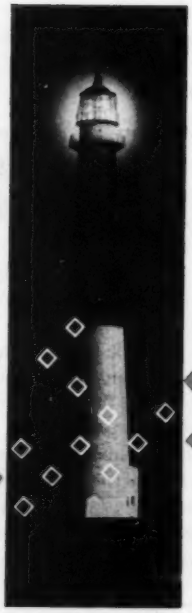
Some historians believe that her secret was known also at top command levels. Her hot-headedness often landed her in trouble with superior officers. More than once her name was sent to the War Office with recommendations of disciplinary action. None was ever taken. Her promotions continued, and more rapidly than for most officers. On the other hand, though several times cited for gallantry in action, she was never decorated.

One historian writes: "It seems probable . . . that an early love affair in which some exalted personage was implicated led to the concealment of her sex with the connivance of certain persons high in authority. Rumor had it [at the time of her death] that it was possibly the Prince Regent . . ."

It was whispered also that her body showed signs of having borne a child. Britain's "Dictionary of National Biography" supplies yet another "motive for disguise: love for an Army surgeon."

The final decision of the War Office was that the question of her sex had no place in its records at all. The name that Dr. James Barry had carried through half a century as officer and gentleman was not tampered with. It still stands, on her headstone in Kensal Green Cemetery, London: "Dr. James Barry, Inspector General of Army Hospitals. Died July 15, 1865. Age 71."

—ROBERT J. GALWAY



STABILITY

The inherent stability of Koromex Jelly and Cream over a wide range of temperatures and, despite the seasonal changes, assures the maintenance of physical and chemical properties. As a result of this controlled stability patients do not come in contact with lumpy or watery products, and find Koromex an unfailingly satisfactory product to use

KOROMEX

"CHOICE OF PHYSICIANS"

HOLLAND-RANTOS CO., INC. • 145 HUDSON ST., NEW YORK 13, N. Y.

MERLE L. YOUNGS, PRES.

omprehensive digestive erapy
hrough peptomatic *
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neering an entirely new concept
tablet construction, Robins' Entozyme
inces pepsin, pancreatin and bile
lts from a single tablet – each in that
rt of the digestive tract where its
zymatic action will be maximal.
ntrolled clinical studies[1, 2] attest the
markable efficacy of this comprehensive
igestant therapy in chronic
lecystitis, post-cholecystectomy
ndrome, infectious hepatitis,
ncreatitis, chronic dyspepsia, and
ptic ulcer; as well as in nausea,
norexia, belching, flatulence and pyrosis.
rmula: Each specially constructed tablet
ntains pancreatin, U.S.P., 300 mg.;
psin, N.F., 250 mg.; bile salts, 150 mg.

A coined word to describe the unique mechanical action of Entozyme Tablet, whereby pepsin is released only in the stomach, and pancreatin and bile salts only in the small intestines.

1. McGavack, T. H., and Klotz, S. D.: Bull. Your Fifth Ave. Hosp., 9: 61, 1946. 2. Weissberg, J., et al.: Am. J. Digest Dis., 15: 332, 1948.

entozyme®

Gastrically soluble outer shell contains pepsin; enterically coated core carries pancreatin and bile salts for release in the small intestines.

Robins

A. H. Robins Co., Inc.
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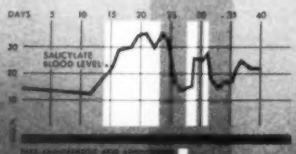
Ethical Pharmaceuticals of Merit since 1878

teamed for triumph in arthritic affections

Sodium salicylate' and para-aminobenzoic acid², each an active antirheumatic in its own right—are teamed with uniquely reciprocal effect in Pabalate® 'Robins'. Para-aminobenzoic acid [illegible] increases the blood level of concurrently administered sodium salicylate (which in turn enhances the blood concentration of para-aminobenzoic acid), thus making the therapeutist's dream of higher salicylate blood levels for more effective results a significant clinical reality.

Formula: Each enteric-coated Pabalate Tablet, or each teaspoonful of the chocolate-flavored Pabalate Liquid, contains sodium salicylate U.S.P. (5 gr.) 0.3 Gm.; para-aminobenzoic acid, as the sodium salt, (5 gr.) 0.3 Gm.



Administration of para-aminobenzoic acid to subjects on a constant intake of sodium salicylate "produced a dramatic rise in the salicylate level in the blood."[2]

PABALATE®

Tablet or Liquid — for higher salicylate blood levels on lower salicylate dosage.

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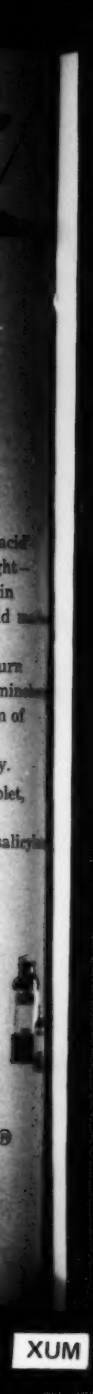

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British Health Costs Keep Climbing

[*Continued from* 65]

A Leicester physician, for example, is urging the British Medical Association to print notices like these for waiting-room display:

"Is YOUR VISIT REALLY NECESSARY? Do you realize that unless the amount of work done by doctors, chemists, and hospitals is cut down, the Service will break down financially? Already the Service is costing the country far more than was estimated. This rise in the cost must be stopped or the scheme will become bankrupt . . ."

The BMA, for its part, is asking that the health service be transformed from a "free-for-all" scheme into a part-pay one. Patients already have to pay the druggist up to a shilling ("Bevan's Bob") for each prescription filled. A similar charge applied to doctor-visits and medical services, the BMA reasons, might bring the public demand back within bounds.

Says the BMA glumly: "This course would certainly not be popular. But . . . there is no real alternative."

The British Laborites, however, would rather crack down on doctors than on patients. Mr. Bevan hopes to "get the cooperation of the medical profession in cutting out proprietary medicines," which have become "part of the racket of civilized society." And a Labor M.P. named Baird sums up his party's policy this way: "In the long run, the best way of saving money on the health services is to set up a fully salaried service."

Thus would the last odious traces of private medicine be erased. END

How NHS Costs Have Risen

(in millions of pounds)

Services	1948-49* Estimate	1948-49* Cost	1949-50 Estimate	1949-50 Cost	1950-51 Estimate
Hospital	120	143	195	243	224
General medical	32	34	46	47	48
Dental	8	22	31	49	46
Pharmaceutical	13	18	21	35	31
Ophthalmic	2	15	15	25	28

*Nine months only.

Dr. Williams' Double Life

[*Continued from* 53]

read. Like an express train. The paper flies in and out of the typewriter." It must, since "between cases," during forty-odd years, he's turned out some twenty-two volumes of poetry, short stories, and other works. All this spare-time activity once puzzled his colleagues, he says. "They used to think I was a little cracked, but they've learned to tolerate me."

Despite his output, Dr. Williams makes only a few hundred dollars a year from his writing.

I make really very little money.
What of it?
I prefer the grass with the rain
on it
the short grass before my headlights
when I am turning the car—
a degenerate trait, no doubt.
It would ruin England.

William Carlos Williams published his first volume of poems in 1909, three years after graduating from the University of Pennsylvania Medical School. Interning at the old French Hospital in New York City's slums, he had methodically detailed his experiences: how staff members hunted cats for two-bit bounties; how cockroaches swarmed out at night to devour clotted blood on specimen slides.

Down through the years, these and more cheerful notes scribbled on prescription pads and envelopes have been the raw stuff of poetry.

They call me and I go.
It is a frozen road
past midnight, a dust
of snow caught
in the rigid wheeltracks.
The door opens.
I smile, enter and
shake off the cold.
Here is a great woman
on her side in the bed.
She is sick,
perhaps vomiting,
perhaps laboring
to give birth to
a tenth child. Joy! Joy!
Night is a room
darkened for lovers,
through the jalousies the sun
has sent one gold needle!
I pick the hair from her eyes
and watch her misery
with compassion.

The New Jersey physician has hobnobbed with and been encouraged by such literary bigwigs as James Joyce and Gertrude Stein. But he has always considered himself a doctor first, a writer second. "I'm a pediatrician," he says. "I take care of babies and try to make them grow. I enjoy it. Nothing is more appropriate to a man than an interest in babies. Women today merely have babies. It takes a man to bring them up." END

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A good day's work

Allergic patients get both, with just 4 small doses

Comfort 'round-the-clock for your allergy patients . . . Decapryn provides long-lasting relief with low milligram dosage. "Symptoms were relieved from 4 to 24 hours after the administration of a single dose of Decapryn—"[1]

"It was found that 12.5 mg. could be given during the day with comparatively few side reactions and yet maintain good clinical results—"[2]

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THE LONG-LASTING LOW-DOSAGE ANTIHISTAMINE

12.5 mg. tablets, P. R. N. Also available in pleasant tasting syrup especially designed for children. (6.25 mg. per 5 cc) and 25 mg. tablets.

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1828
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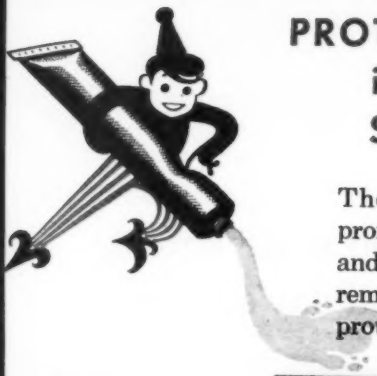
1. Sheldon, J. M. et al: Univ. Mich. Hosp. Bull. 14:13-15 (1948). 2. MacQuiddy, E. L.: Neb. State M. J. 34:123 (1949).



PROTECTION and RELIEF in Pruritic Skin Conditions

The effective formula of Cremacal promptly relieves the pruritus, burning and pain of dermatologic conditions, and remains on the surface to continue its protective relief over a prolonged period.

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Will Not Rub Off On Clothing

When Cremacal is applied, the improved greaseless, water-miscible base is allowed to dry, forming a protective coating which is resistant to scratching and the irritation of clothing.

No Bandaging Is Required

Washes Off with Plain Water

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Formula:

Calamine	10%
Glycerine	5%
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Phenol	0.5%
Menthol	0.25%
Special Water-Miscible Base	q.s.

Flesh-tinted with inert coloring. Supplied in 2-oz. tubes.

NUMOTIZINE, Inc.

Doctors Eye Lawyers' Client-Aid Plan

[*Continued from* 93]

get on the list. Names are usually given out in rotation. But in a special case the interviewer may send the client to an attorney experienced in that line.

Before leaving the bar association office the client is asked to sign a formal request for service. In this he releases the association from liability and agrees to pay the initial consultation fee of the lawyer he's sent to.

Fee Problems

Its handling of fees is the LRP's biggest selling point to the public. The initial fee for office consultation in most cities is $5 for the first half hour. (Usually the reference interview is free.) At the first conference, fees for further work are set. This lets the client know what his total bill will be and encourages him to seek an attorney's advice more often.

For the most part fees are modest. Average in Philadelphia is $21. In New York it's $35; in Rochester, $29. This is in sharp contrast to what people *think* lawyers charge. Surveys reveal that most prospective clients feel a trip to the attorney will cost them a minimum of $50.

Results in Business

An ABA survey in 1948 showed that only three out of five middle-income families (and two out of five lower-income families) were using lawyers when they needed to. Now Philadelphia attorneys alone get more than 150 LRP referrals a month. New York, Chicago, and Los Angeles report comparable results.

Public reference plans are not new to physicians. Many medical societies make referrals as part of their information services. But lawyers have carried the idea a step further by coordinating and publicizing their scheme nationally. And it's paying off.—NELSON ADAMS

Unvarnished Truth

• An elderly man with a head laceration was brought to our office. As the doctor washed the patient's pate preliminary to suture, the scalp changed from dark brown to white. "That's not dirt, doctor," the old gentleman piped up. "I paint my head with argyrol so my bald spot won't show." —PRUDENCE EGGER

What the 'Loyal Opposition' Wants

[*Continued from* 63]

1949 meeting with our group, the AMA trustees conceded both issues. The retirement of Dr. Fishbein and the demise of the NPC gave us renewed hope that the AMA would be able to correct some of its other errors."

That's the credit side of the AMA balance sheet, as seen by the "loyal opposition." Now, what about the debits?

These are still serious enough the protestors think, to add up to a "fundamental failure" on the part of the AMA. They believe the AMA has yet to produce a "carefully worked out, comprehensive plan to extend and improve medical care." They believe such a plan is the only possible way "to avoid all-inclusive compulsory health insurance and to make secure the valuable features of our present system."

"While the AMA publicity machine has been churning away," says one of the men interviewed, "the AMA planning department has come to a dead stop."

Adds another doctor: "In my opinion, the AMA is leaning too heavily on its educational campaign. Its officers are looking ahead only as far as the Congressional elections next fall, and not beyond."

Says a third physician: "The success of the Whitaker-Baxter campaign seems to have lulled AMA leaders into the belief that no constructive moves are necessary. That's extremely dangerous for the whole profession. As soon as the next depression comes along, Congress is almost certain to be pressured into passing some sort of medical legislation. What kind it will be depends almost entirely on one thing: how much progress we will have made toward meeting the health needs of *all* the people."

And here's testimony from a fourth protest-signer: "In the realm of scientific medicine, the AMA has done a wonderful job. But it has fallen down terribly in the realm of medical service. It seems to have learned nothing from the doctors' experiences in England, Australia, and New Zealand. In those countries, when the medical profession failed to keep pace with the people's health needs, the public took matters into its own hands and established state medicine.

"If the AMA doesn't come forward with a comprehensive plan of its own, the outcome will be the same here."

The Protestors' Rx

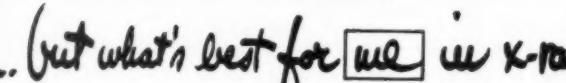
Publicly, the "loyal opposition" has declined to offer a program of its own ("The profession should have only one program, prepared by the AMA"). But privately, these men express strong views on some

...but what's best for me in x-ray?

"What's best for me in x-ray? What kind, how much?" The right answer to this question is important... you'll have to live with it... work with it... depend on it. You'd like to keep your x-ray outlay at a minimum: still want to be sure that the equipment you buy can do all the things you'll need to do, now and later.

In short, you're at the point where it would be prudent to call for experienced counsel . . . and your local Picker representative is the man who can offer it to you. He's analyzed and solved dozens of problems like yours. He's primed to *serve* you, not pressured to *sell* you. In your own best interest call in your local Picker man before you come to *any* decision on *any* x-ray apparatus: then judge for yourself.

Picker X-Ray Corporation, 300 Fourth Avenue, New York 10.
(Branches and Service Depots in principal cities)



Fluoroscope the "Meteor" the "Century" the "1225" the "Constellation"

these are some of the x-ray units in the wide Picker line

x-ray

all you expect . . . and

of the ingredients. Here is the gist of what the "loyal opposition" wants:

1. AMA action to put across the recommendations of the National Health Assembly. Two years ago, at Oscar Ewing's invitation, some 800 medical and lay experts laid the groundwork for a ten-year national health program. Only on the issue of compulsory health insurance did they fail to reach general agreement. In fifteen other key fields, they saw pretty much eye to eye.

"That assembly was called for political reasons," says one of the protest-signers. "Ewing expected to get a recommendation for compulsory health insurance out of it. He didn't. So he simply ignored the NHA findings and went on plumping for compulsory insurance.

"We can make capital by doing what Ewing failed to do. All but a few of the NHA recommendations are acceptable to organized medicine. Why can't we get behind them and push?"

2. AMA action to improve the quality of medical service. Many a member of the "loyal opposition" believes that preventive medicine is getting too little stress in today's practice. "Life has been prolonged about twenty years since the turn of the century," says one man, "largely because of improved preventive medicine among children. But good preventive medicine in the middle years is a different problem.

"It depends on the earliest possible diagnosis and treatment. This isn't encouraged by most medical-society-sponsored prepay plans; for most of them limit their scope to in-hospital service. By the time a patient gets to the hospital, it's too late for prevention.

"We must get away from the idea that *any* prepayment plan will solve the health needs of the people. Whatever program the AMA evolves ought to encourage medical service experiments *outside* hospitals—where the G.P. does most of his work and where there's a better chance for early detection."

3. AMA action in the legislative field. "Our national association should stop hedging on health bills," comments one protest-signer, "and decide what type of legislation it wants." The most obvious need, the "loyal opposition" believes, is for a national, nonpartisan commission to make a fresh study of the country's health needs. They think the AMA should back this sort of legislation, calling for a Hoover-type commission, as a minimum requirement.

Of the existing health bills, most of the men interviewed like the Flanders-Ives measure best. Says one: "It uses the voluntary plans for all they're worth. It provides Government aid only where the voluntary plans fall short." Says another: "If an impartial commission studied this whole problem, I think any legislation it might recommend would probably follow

For GOOD HEALTH, VIGOR and USEFULNESS In Later Years

Today, with the life span on the increase, there is greater need than ever to supply elderly people with foods that help increase their vigor and usefulness.

Hot Ralston and Instant Ralston furnish notable amounts of thiamine and iron—factors inadequately supplied by the diets of many oldsters. A *single* serving provides 0.425 mg. thiamine, 8.49 mg. iron—and 3.5 Gm. essential protein.

These delicious, satisfying, enriched whole wheat cereals also supply niacin, riboflavin and other B-vitamins . . . provide the *gentle* peristaltic stimulation so many old folks need.

Cooks in 10 seconds

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Many of your older patients with limited incomes will be glad to know that a generous serving of Hot Ralston or Instant Ralston costs only 1-1½¢.

Instant Ralston and Hot Ralston are useful in preventive geriatrics too!

the Flanders-Ives pattern."

At any rate, these men feel the AMA ought to say specifically what it likes and what it dislikes about the Hill, Taft, Flanders-Ives, and other proposals.

Warns one protestor: "The people want more and better medical care. Most people want it for *all* the people, whether all the people can pay for it or not. They and their representatives in government are determined to have it, if it can be achieved by passing laws. Faced with this situation, our profession can't afford to sit tongue-tied on the sidelines."

4. AMA action to put its own house in order. The chief complaint here is the failure to recognize minority views. "If the AMA really wants to prove it is a democratic organization," says one man, "it should give editorial recognition to divergent opinions on controversial matters. The Fishbein editorial policy ought to go the way of its maker."

The AMA should also bring some fresh blood into its policy-making ranks, the "loyal opposition" believes. General practitioners, young doctors, and small-town medical men have practically no voice at all, it is held. Says one man: "The financially successful specialist seems to be too much admired in AMA circles. Nearly all policy-making posts are filled by such men. In this respect, at least, the AMA top command does not represent the rank and file."

These comments stem from men who have themselves been called "nonrepresentative." The majority of the protest-signers are full-time, salaried workers in medical schools or hospitals. Only a small number practice privately. Should their views be disregarded as the notions of "men in plaster towers"?

One leader of the "loyal opposition" answers that question thus:

"The private practitioner feels strongly that he is the only person who understands socio-economic problems in medicine. Actually, there's evidence that he is sometimes a bit too close to the day-to-day economic factor. Doctors like ourselves, somewhat removed from private practice, may get a truer picture of the people's needs."

To which another insurgent adds: "The fact that we're a bit apart from private practice gives us a quasi-judicial attitude. We're in a good position to distinguish between public interest and vested interest."

All this is strong medicine. If brewed outside AMA ranks, it might be pointedly ignored. But things being as they are, the AMA's future program may turn out to be liberally seasoned with what the "loyal opposition" wants.

—EDWARD E. RYAN

NOTE: *The foregoing article cites the views of one segment of the medical profession. What do* you *think? Your opinions are invited for possible use in a coming sequel.*

I Took To the Woods

[*Continued from* 77]

my kid—the whole camp would act the role of uncomplaining baby-sitter. Eureka!

By poking around among newspaper ads, bulletin boards, and friends of friends, I located a camp that appeared to be an annex to Eden. I studied the prospectus. Camp Hardtack was situated in the mountains. It accommodated forty braves and an equal number of squaws. There was a lake. There was a brook. There were trees, bees, no fleas. It read like paradise enow.

At the station, under a banner with a blood-drenched tomahawk on a green background, I met my milling charges. Camp personnel were riding herd on the children. Parents were riding herd on the camp personnel. I was saddled with last minute instructions on the health needs of every last youngster in my little brood: Ronald must be asked every day if he has had his bowel movement. Mary Ann has to be warned that if she continues to pick her nose, it will fall off. When Wilbur throws himself on the floor in a rage, I'm to tell him that his Mummy loves him. (Could it be that I'd find snakes in Eden?)

No one was misplaced on the train trip. Two burly counselors simply stood guard at each door with bats in hand. There was a minimum of accidents. At 2 A.M., I was called because Richard had caught the back of his pajamas on a fish hook. He explained that the hook had fallen out of the suitcase that occupied 90 per cent of his upper berth, but I suspected he was secretly practicing casting.

At camp, the doctor's quarters were a lean-to with a canvas drop on the open side. The camp owner assured me that the rain knew enough to come down on three sides and to avoid the fourth. This was fine for heap big brave like myself but ugh for my puny squaw and papoose. As a compromise, I used one room of the two-room infirmary with the understanding that if two Indians were ill at one time, something would have to give. It thus became a point of honor with me that no two kids should ever be ill simultaneously.

No Marble Hospital

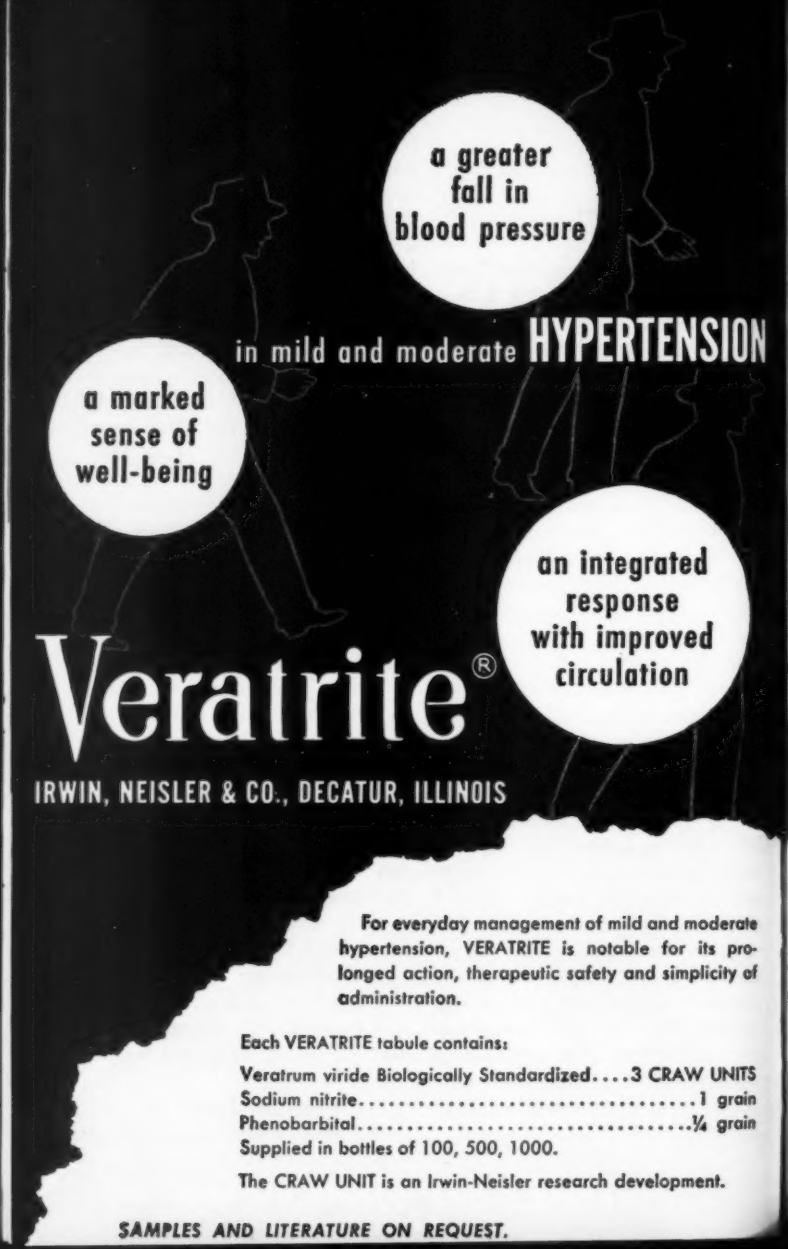
I had been told that the infirmary was fully equipped, but that (laughter) I should not expect it to be a marble hospital. It definitely wasn't a marble hospital. Its armamentarium:

¶ 1 gross tongue depressors

¶ 1 quart red antiseptic (good for war paint, simulated wounds, etc.)

¶ 1 dozen bandages

¶ 2 rolls adhesive tape (for re-


a greater fall in blood pressure
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SAMPLES AND LITERATURE ON REQUEST.

pairing foot lockers and fastening feathered head-dresses to scalps)

¶1,000 aspirin tablets

¶1,000 cathartic pills (Catharsis was the camp owner's pet remedy.)

¶50 penicillin lozenges (This was his concession to modern medical practice.)

Main supplements were (a) my stethoscope and (b) my otoscope. However, the shelf soon filled up, for each camper donated his own pills and injectable material. With the latter on hand, I turned in a requisition for the usual sterilizer and syringes. Got it, too—the last week in August.

The Smell of Health

I learned to admire the owner for his attention to detail. On his first inspection of the infirmary, he sniffed about, apparently dissatisfied. Half an hour after he left, a handy man came to swab down the decks with lysol. The return inspection was okay: Now the place *smelled* like an infirmary.

Every Friday thereafter, I was swabbed and inspected. At the same time, I was enjoined to have the current incumbent well by Saturday, because his parents might come up.

Within the first week, I examined every youngster in the camp. First I had to associate each child with his health card, then relay its instructions to his counselor. (Herman wasn't to go swimming after the sun went down. Irma was to report to the infirmary every Wednesday at 9 for her asthma shot. Etcetera.) The counselor—a high school junior posing as a college sophomore—would, on receipt of the data, look appropriately omniscient.

The second part of the exam consisted of looking down throats without tongue depressors (60 cents a hundred, you know) inspecting skins, and fumbling with my stethoscope.

Thumb on the Scales

The third and vital part was completed by the owner himself. He weighed all the redmen—with the scales adjusted to show them three pounds below their true weight. (In the final week, with the scales again adjusted, each kid was three pounds overweight.)

Sick call was easy to manage. Campers formed three lines: Feet, Coughs 'n' Colds, and Others. Feet got painted with the red stuff. Coughs 'n' Colds got the aspirin. The Others, a varied group, couldn't be handled quite so routinely. Although occasionally the Others would be a homogeneous collection of palpitators appearing after the first hike and on the morning of the second. Once the Others were the entire camp (except for my own papoose), filing past for bismuth and paregoric.

To the red-blooded braves, confinement in the infirmary was a disgrace. Except once. Then I had a small epidemic of Iroquois presenting themselves with bizarre com-

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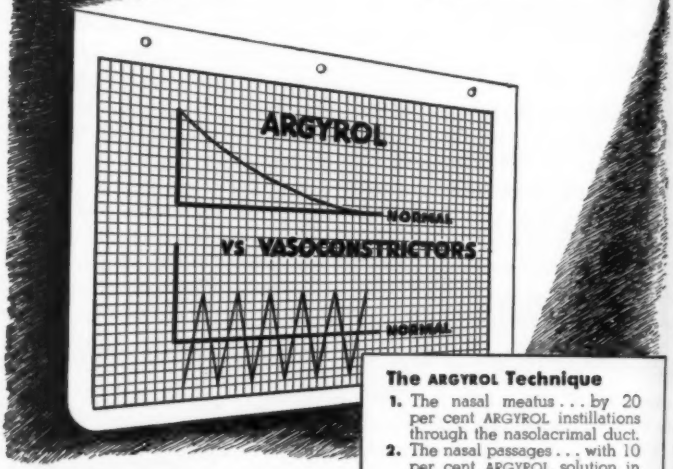
a physiological concept of therapy

With ARGYROL, its effective decongestive action affords relief and, at the same time, encourages a return to normal of Nature's own protective functions. And all of this is accomplished without the rebound congestion, so often caused by many vasoconstrictors. Its bacteriostatic and demulcent properties further ARGYROL'S effectiveness.



ARGYROL *the medication of choice in treating para-nasal infection.*

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The ARGYROL Technique

1. The nasal meatus . . . by 20 per cent ARGYROL instillations through the nasolacrimal duct.
2. The nasal passages . . . with 10 per cent ARGYROL solution in drops.
3. The nasal cavities . . . with 10 cer cent ARGYROL by nasal tamponage.

Its Three-Fold Effect

1. Decongests without irritation to the membrane and without ciliary injury.
2. Definitely bacteriostatic, yet non-toxic to tissue.
3. Cleanses and stimulates secretion, thereby enhancing Nature's own first line of defense.

plaints and practically demanding confinement. The epidemic subsided and the danger of my being dispossessed ended when I returned my medical library (especially the gynecology text) to my locked trunk.

Sunburn, poison ivy, and mosquito bites were in the category of death and taxes. But the worst these resulted in was a proportion of reddened redskins. I was fortunate in not having an outbreak of any contagious disease.

Escape from Polio

All summer long I had voluminous correspondence with parents on the theoretical aspects of poliomyelitis. Some children were taken home for fear of their contracting the disease. Others were sent to camp to avoid it. I judged the exchange to be a draw.

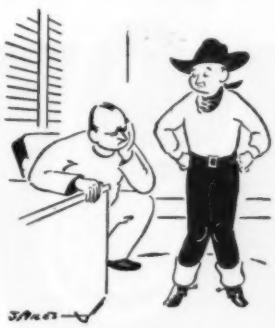
For a man who liked cathartics and didn't really like doctors, the owner of the camp was a diligent seeker after medical advice. I rather suspected that he had saved his complaints through the winter so he could now dole them out to me through the summer—and for free. I thus came to know his tongue, what he affectionately termed his ticker, and his appendectomy scar—as well as I knew his face.

Week-ends, my adult practice went up and my pediatric practice went down. Parents invariably got into trouble trying to keep up with their progeny. Mondays, the children's turn came again after they'd disposed of the edibles brought by their parents.

As physician, I was expected to be on the post twenty-four hours a day, seven days a week. I couldn't go to town two miles away for razor blades, because the owner was sure that a camper would choose just that time to exsanguinate. However, this gave me a pious excuse for not answering calls from the nearby summer colony run by my employer's brother.

All in all, however, medical practice in a camp was not taxing. My dream of waking in time to make lunch remained a dream. Reveille with several misplaced notes woke me up. Strident war whoops (the Indian way of signalling that he's breathing) kept me awake. And I was hungry. Indeed, I noted that I was exceedingly prompt in getting to the mess hall. I didn't need fixed scales to remind me that I gained weight at the end of the summer.

In the mess hall conversation was a lost art—primarily because it was impossible. You could nod if some-



one's lips moved, or you could point if you wanted a dish passed. The rest was pandemonium, compounded of chants, normal and abnormal eating noises, and the whistling of Indians communicating with their side-kicks across the room.

Camp humor is based on the theory that repetition increases hilarity geometrically. For sixty days, three meals a day, ten times a meal, I was to hear (with only the proper name changed):

Raymond, Raymond, strong and able,
Keep your elbows off the table.
Do you think you're in a stable?

Being a doctor at a camp is more than being a doctor. In addition to my frog-dissection class (you'd be surprised at how salacious a twelve-year-old considers the oviducts), I was referee at the boxing matches and umpire at the baseball games. On the whole, I thought I was pretty good at calling the balls. Except for the time a Pawnee pitcher publicly announced that he would no longer take my medicine after I had called a strike a ball.

I also went on hikes. Here my medical status was to my advantage, since—for medical reasons best known to myself—I could always call a rest. Outside of the raised eyebrows of one juvenile wisacre who consistently spied on me, I do not believe my strategy was perceived.

The doctor is *sui generis* in a camp so I could plead incompetence whenever I felt disinclined toward a particular activity. Thus I sidestepped teaching a class in basket weaving, despite the handicraft instructor's assurance that he could keep me a day ahead of the campers.

But I couldn't avoid teaching first aid. This went on all summer. By the time it was over, I had concluded that the Indian's driving curiosity about first aid centers on what to do in the event of decapitation or imminent parturition.

No Squaw Men

Every other Saturday night there was a dance. The boys went in white ducks, the girls in gay prints; and they grouped themselves on opposite sides of the room. Whenever a boy asked a girl to dance, the younger braves whooped a chorus of disapproval. They considered it sissy to go to a dance for any reason other than to wrestle or slide on the waxed floor.

When the season ended, everyone walked about with great cow eyes. Pledges of undying friendship were given. Under the guidance of the owner, the kids solemnly repeated oaths of loyalty to good old Camp Hardtack.

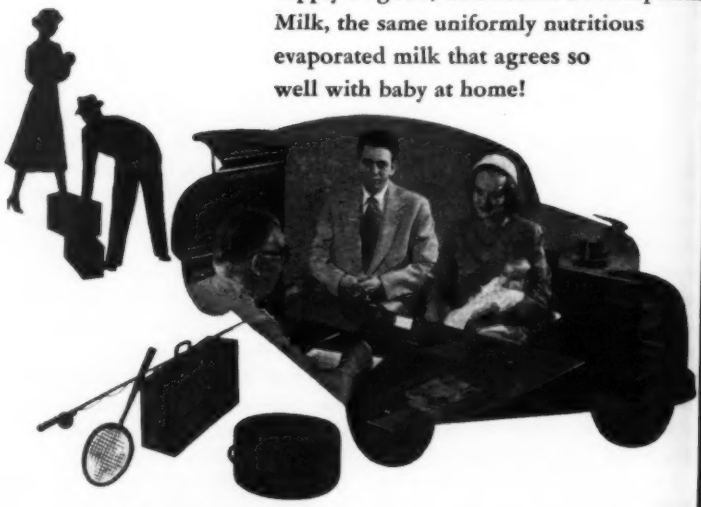
Despite the eagerness of the Indians to get back to their parents and the city, all vowed to return the next year. Maybe I will, too. Maybe I'll even be tapped for Red Feather, the camp's honor society. Who knows?

—THEODORE KAMHOLTZ, M.D.

They Can't Take You With Them... But They Can Take Your Advice!

Yes, young mothers can enjoy vacation travel, too! Because wherever they go — north, east, south, or west — they'll be able to give their babies your Pet Milk formula . . . the same formula they use at home.

Wherever they go, there'll be an ample supply of good, wholesome Pet Evaporated Milk, the same uniformly nutritious evaporated milk that agrees so well with baby at home!



Favored for Infant Formula

You can be sure of this, too! Wherever they buy it, Pet Milk, sterilized in its sealed container, is as surely safe as if there were no germ of disease in the world!

So when you prescribe formulas for babies, suggest Pet Milk. It's safe! It's nutritious! It's inexpensive! And it's everywhere!

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The Newsvane

L.A. Physicians Must Explain Charges

Complaints against doctors by patients have increased to "alarming proportions" in the past year, says the Los Angeles County Medical Society. In fact, it adds, grievance committees can no longer handle the load.

Eighty-five per cent of the complaints are said to allege overcharging, so the society has laid down a rule: Hereafter, every member must explain *all* charges to the patient before undertaking major treatment. If he doesn't, and a complaint arises, the society will regard him in an "unfavorable light." It says his estimate must include not only his own fee, but auxiliary ones—those of assistant surgeon, anesthetist, laboratory, hospital, etc.

AMA Campaign Reached One American in Three

Fertilizing the grass roots, Whitaker & Baxter sent out 55 million pieces of literature in the first year of the AMA campaign. About one American in every three has thus had a chance to read organized medicine's message. It has appeared in pamphlets, leaflets, stickers, reprints, and posters.

The public relations firm had invaluable assistance. Doctors, for instance, distributed 39 per cent of the material; state medical societies, 33 per cent; county societies, 14 per cent; druggists, 4 per cent; dentists, 2 per cent; other outlets, 8 per cent.

In Nevada and Arkansas, 100 per cent of the population received literature; in Connecticut, 92 per cent; in Maryland, 87 per cent. Low-score states were Mississippi, where material reached only 13 per cent of the population; Alabama, 16 per cent; Tennessee and North Carolina, 19 per cent.

Phony Couldn't Fool Patients for Long

Red-faced Mississippi officials admit that everyone was fooled—everyone but the patients. An imposter, using an accredited physician's name, applied to the state's Department of Vital Statistics for a temporary license. He said his diploma had been packed away, but he named his medical school and interneship hospital. Both institutions confirmed his story.

Granted a license, the imposter

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moved into the doctorless town of Florence and went to work. But not for long. Patients soon discovered they knew more about medicine than the "doctor" did. And his nurse noticed he injected penicillin "in the wrong place," seldom examined patients, and "wanted to use a safety pin for a blood test." His obstetrics (two deliveries) consisted of waiting around until the baby arrived on its own.

That was too much. The patients began to ask questions. So the bogus doctor quietly left town in search of greener greenhorns. A month ago, Mississippi officials were still looking for him.

Third of Nation Still Lacks Health Units

The nation is not gaining in its struggle to provide adequate public health facilities for submarginal areas. As early as 1945, the shortcomings were described in "Local Health Units for the Nation," a report by Dr. Haven Emerson and associates. They disclosed that one-third of the nation lacked full-time public health workers, adequate sanitation, protection from communicable disease, etc.

Since that time, installations have been made in some areas. But the net effect is the same because of the growing population. So reports Dr. Thomas D. Dublin, executive director of the National Health Council.

Federal aid alone cannot correct the situation, says Dr. Dublin, although it will help. "Health is not something that can be given to people or legislated into existence," he says. "It is something that each individual must assume responsibility for on his own." For that reason, the health council is helping to establish local councils in areas that have no health departments.

Forum Claims It's Safe To Skip AMA Dues

The Physicians Forum, egging on its members to ignore AMA dues, tells them they can't be dropped for nonpayment until 30 days after Jan. 1, 1951, when they will be billed if delinquent. And if they're dropped, the forum says, they can gain reinstatement upon payment. It adds that "membership in county and state societies will not be jeopardized unless local constitutions are amended."

One fact not mentioned: Balky members will have to pay all delinquent dues, not only current dues, to gain reinstatement.

Solomon Unwise, Rules Judge—No Damages

Solomon Perner, said the judge, talked too much.

Mr. Perner, it seems, didn't want to become a father so he had himself sterilized. Then he went around telling the neighbors about it. In a couple of months, though, Mrs. Perner found herself preg-

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THE "*Proxy-Emulsifier*" FOR *Fat-Starved* PATIENTS

Whatever the causes of steatorrhea—be it sprue or following subtotal gastrectomy—high fecal fat excretion can rapidly lead to a cachectic, fat-starved patient.

Monitan, a highly efficient fat emulsifier, enables these patients to better absorb and utilize essential fats, lipids and oil-soluble vitamins. Monitan lowers fecal fat excretion by reducing the size of the fat droplets—making them more easily assimilable.

Monitan is the first palatable preparation offering Sorbitan Monooleate Polyoxyethylene Derivatives in liquid form. Each teaspoonful (5 cc.) of Monitan provides 1.5 Grams of this substance (P.S.M.). It is orange flavored and easily administered to infants, children and the aged. Literature available.

MONITAN

In 12 oz. bottles. Dosage: adults 1 to 2 teaspoonfuls three times daily with meals.

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nant, and neighborly eyebro
went up.

Annoyed and embarrassed, M
Perner filed a $70,000 suit agai
his physician, Dr. Rex Palmer. B
Superior Judge Robert M. Jon
tossed the case out. Of Mr. Pern
he said: "No one is obliged to t
friends and neighbors such perso
al matters. He [Perner] is in n
position to complain."

Checks from Members Gum Up AMA Books

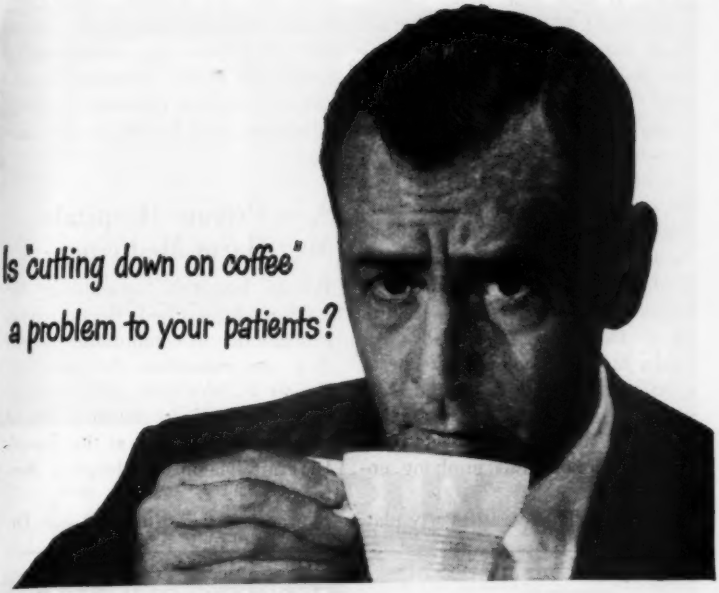
Accountants are still busy straigh
ening out a bookkeeping mess a
AMA headquarters. It develope
from the roundabout method
collecting the special assessme
and AMA dues.

Many a county society sent i
members' checks directly to th
AMA instead of to the state socie
ty, each of which must record th
collections. And some of the sta
organizations blundered, too: Fir
they made dilatory remittance
(some members' checks recent
received were dated January 1
Then they coupled dues check
with assessments lists, and vic
versa.

Asks if 'Fair Deal' Has Split from Party

Who in the Democratic party ha
authorized its national committe
to promote nationalized medicin

The question is asked by t
Daily Advance of Lynchburg, Va
a Democratic but non-Fair De



WHEN YOU have patients affected by the caffein in coffee, you may suggest they limit their coffee-drinking to two, or maybe three cups a day.

While this is a less drastic step than to stop them from drinking coffee altogether, it still leaves the patient with the temptation to go over the limited amount.

Sanka Coffee, however, is the *perfect* answer for *any* patient affected by caffein in *any* amount.

With Sanka there's no need to cut down on coffee at all. For Sanka is a real coffee that is 97% caffein-free. Patients can drink all the Sanka Coffee they want without the slightest question about caffein-effect.

We suggest that you try drinking Sanka yourself. We know you will appreciate what a fine coffee it is. And—if *you* are affected by caffein—it may very well be the answer to your own problem, as well as that of your patients!

Sanka Coffee

The Perfect Coffee for the patient affected by caffein

Products of General Foods

paper. It says that "real" Democrats would like to know whether "their national committee has tacitly prefixed 'Socialist' before its title" and thereby "secretly or semisecretly split away from the Democratic party."

Cause of the editorial blast was the distribution by the Democratic National Committee of a booklet, "National Health Insurance, What It Means to You," prepared by the Committee for the Nation's Health. Many Democrats, the Daily Advance says, are completely out of sympathy with the CNH and have repudiated their committee's action in mailing the CNH booklets in its own envelopes, thus implying endorsement.

The 1948 Democratic Party platform did not include compulsory health insurance. It merely stated that "We favor the enactment of a national health program for expanded medical research, medical education, and hospitals and clinics."

Says Private Hospitals May Harm Medicine

Private hospitals, scrambling for business, have a bad effect on medical practice in communities where they are numerous. So says Dr. Robert P. McCombs, Professor of Medicine at Tufts Medical School and senior physician at the Joseph H. Pratt Diagnostic Hospital, Boston.

Proprietary institutions, says Dr.

Curity KERLIX® ROLLS

are so much SOFTER than ordinary gauze!

Only when you handle a CURITY *KERLIX* Roll can the superior softness, the "live" fluffiness and resiliency of this unique dressing be appreciated properly. Then you will see why KERLIX Rolls are *better* for head bandages, compression dressings, postoperative "fluffs," almost any situation where softness, conformability and resiliency are at a premium.

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resilient and fluffy
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In Acute Exanthems—

The fever of measles, the pruritus of chickenpox or the sore throat of scarlet fever will find pleasant relief in Aspergum.

For childhood's pains and fevers, Aspergum is ideal—it is willingly accepted by the patient and it presents acetylsalicylic acid in a rapidly effective form.

Aspergum is promoted ethically; is not advertised to the public.

Each pleasantly flavored tablet of Aspergum contains 3½ grains of acetylsalicylic acid—a dosage form uniquely fitted to childhood requirements.

aspergum

McCombs, have a high overhead and need a large volume of patients, plus rapid turnover, to scrape by. To get patients, he says, they curry favor with certain blocs of physicians and ignore others, with the result that medicine in the community is divided into camps "that rarely exchange ideas and seldom work together in the best interest of the people." Beyond that, such hospitals "may be utilized for misdirected surgery."

"Much less of this competitive feeling," says Dr. McCombs, "is apparent in sections served by well-run nonprofit community hospitals open to all ethical physicians."

NMA Says AMA Forfeits Its Leadership

The AMA has let itself become a propaganda medium. It has thus violated the trust placed in it by its members. It may soon find itself on the skids. This, in effect, is the view expressed by the official organ of the National Medical Association, which suggests that the time has come for the NMA to become the dominant body of American doctors.

"The American Medical Association," says the NMA journal, "through its $25 assessment and interlocking organizational controls has shackled free expression [and] has given the National Medical Association an unparalleled opportunity for public service. The NMA is beholden to no group. It is the sole uncommitted national medical body."

The NMA invites new members. They must be reputable, licensed physicians. They need not, like the typical NMA member, be Negro.

Society Wants Worthy D.P.'s Licensed

Medical licensure boards must approach the problem of the displaced European physician with hard-headed common sense—but with understanding too—says the Illinois State Medical Society.

"We must give those men who are good physicians an opportunity to become good Americans," it says, "earning their living through the practice of medicine." But it adds that the mere fact they are refugees should earn them no special consideration: "We must not lower our standards because of sympathy for the oppressed."

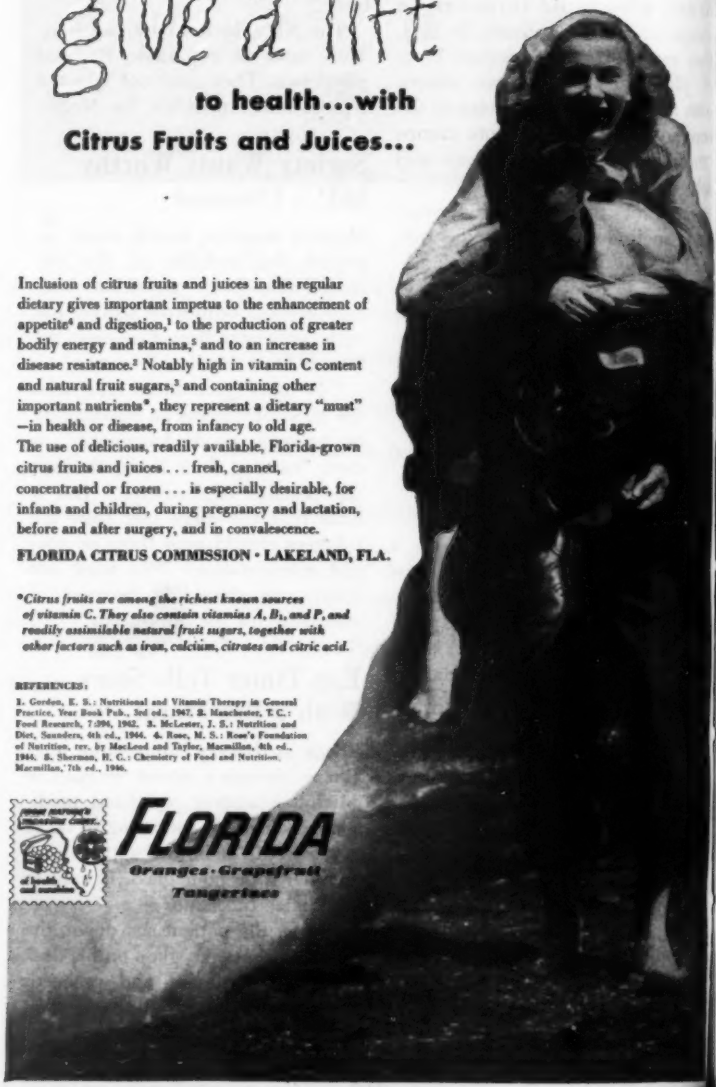
Egg-Timer Tells Story With a Big Moral

Since ordinary, dime-store egg-timers became a potent weapon in Michigan against socialized medicine, their use is spreading to other states. This is how the timer—the familiar little hour glass—is used to dramatize the issue.

When the patient sits down, the physician sets the glass on his desk —without comment—and proceeds with his interview. In three min-

give a lift

to health...with Citrus Fruits and Juices...



Inclusion of citrus fruits and juices in the regular dietary gives important impetus to the enhancement of appetite[6] and digestion,[1] to the production of greater bodily energy and stamina,[5] and to an increase in disease resistance.[2] Notably high in vitamin C content and natural fruit sugars,[3] and containing other important nutrients*, they represent a dietary "must" —in health or disease, from infancy to old age. The use of delicious, readily available, Florida-grown citrus fruits and juices . . . fresh, canned, concentrated or frozen . . . is especially desirable, for infants and children, during pregnancy and lactation, before and after surgery, and in convalescence.

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**Citrus fruits are among the richest known sources of vitamin C. They also contain vitamins A, B_1, and P, and readily assimilable natural fruit sugars, together with other factors such as iron, calcium, citrates and citric acid.*

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1. Gordon, E. S.: Nutritional and Vitamin Therapy in General Practice, Year Book Pub., 3rd ed., 1947. 2. Manchester, T. C.: Food Research, 7:394, 1942. 3. McLester, J. S.: Nutrition and Diet, Saunders, 4th ed., 1944. 4. Rose, M. S.: Rose's Foundation of Nutrition, rev. by MacLeod and Taylor, Macmillan, 4th ed., 1946. 5. Sherman, H. C.: Chemistry of Food and Nutrition, Macmillan, 7th ed., 1946.

FLORIDA

Oranges · Grapefruit

Tangerines

utes, when the sand has run through the glass, he tells the patient: "Under socialized medicine your appointment would now be over." He then explains that in England overworked doctors have set a three-minute limit for each patient.

Impoverished Doctors To Pay No AMA Dues

Who is exempt from paying AMA dues? What about members who transfer from one county society to another? The AMA answered these questions a month ago. It ruled that:

¶ "Hardship" cases, so adjudged by their county society, are exempt. So are physicians doing post-graduate study (within five years of graduation) if they are also exempt from county and state dues.

¶ Doctors who join a county society before July 1 must pay the full $25; those joining after July 1 will pay $12.50.

¶ Doctors who transfer from one county society to another will have to pay only once—but they must pay.

Full Budget Funds for U.S. Health Agencies

Although the Truman budget for the Federal Security Agency was cut $43,299,010 by the House Appropriations Committee, most health agencies in it have suffered no curtailment. The National Institutes of Health got not only the $13,250,000 recommended but an added $2,500,000 for hormone research. The National Cancer Institute got $20,086,000, as requested, but not an additional $14,000,000 for laboratory construction, as urged at the budget hearings. Other appropriations: National Mental Health Institute, $9,944,000 (an increase of $1,345,000 over 1950 allowance); National Heart Institute, $14,150,000 (an increase of $3,338,500).

In Egypt It May Be 'Imhotep's Oath'

Hippocrates did not formulate the famous oath; he merely adapted one that had been originated twenty-five centuries earlier by the Egyptian physician, Imhotep. At least this is the belief of a contemporary Egyptian, Dr. Nugib Riad. He bases it on a study of a recently discovered papyrus, said to date back to the Third Dynasty of the Pharoahs, about 3,000 B.C.

Imhotep, he says, required all his medical and surgical students to take the oath. He describes it as being virtually the same as the Hippocratic version. For instance, it includes the familiar injunction against violating a patient's confidence.

Hippocrates introduced the oath to Greek medicine in the fifth century before Christ, nearly 2,500 years later. But, says Dr. Riad, it continued to be known as Imho-

tep's oath until the Middle Ages when Hippocrates' name was substituted.

Egyptian officials now are considering Dr. Riad's request that Imhotep's name be restored to the oath taken by Egyptian medical graduates.

A report that the Russians will soon claim credit for originating medicine's oath ha- yet to be confirmed.

Tide Against Federal Medicine Rising

Public opposition to nationalized medicine is growing slowly—but it is growing. So reports the Psychological Corporation, New York, whose "Psychological Barometer" is the oldest existing opinion poll. A recent survey of persons in 25 cities and towns from coast to coast showed that:

¶ 65 per cent prefer the present system of medical care, whereas 63 per cent favored it in 1947.

¶ 26 per cent favor a Government system financed by 3 per cent payroll deductions; 30 per cent preferred such a system in 1947.

¶ 9 per cent have no opinion; 7 per cent had no opinion in 1947.

Toss Lies in Teeth of Antivivisectionists

It marked a new low—perhaps rock bottom—for the antivivisectionists. Baltimore, like other cities, had been unable to decide whether it should destroy its stray dogs or

*ALSO KNOWN AS DETTOL

A "new" Antiseptic proved by 20 years performance

New to the medical profession of the United States, Dett, under the name Dettol, is standard equipment for surgeons and hospitals throughout the British Empire. Dett, for obstetrical and surgical use, has been proved since 1929.

Dett, although deadly to germs, is gentle to human tissue. This clean, clear liquid with an agreeable odor is safe, effective, non-irritating and non-staining. Physicians who have used Dettol in other countries will welcome its introduction in the United States under the name of Dett.

For a generous size sample, and literature, write to: The R. T. French Co., Pharmaceutical Department, Rochester 9, New York.

DETT *THE MODERN WEAPON AGAINST INFECTION*

turn them over to medical science for research. So city officials called a public hearing.

More than 3,000 people showed up, among them two of the shrillest champions of the "cause": Irene Castle, former dancer, and Mrs. Bennett Champ Clark, wife of Missouri's ex-Senator. They and their lesser animal-love colleagues put on a caterwauling demonstration against vivisection.

Also on hand were medical men from Johns Hopkins—and children who had been saved from death by the Blalock "blue baby" operation. The mother of one such child arose and asked: "Shall we save children like these—or dogs?"

The antivivisectionists got to their feet and screamed: "Dogs! Dogs! Save the dogs!" They charged that Dr. Alfred Blalock had not developed the famed operation anyway; that it had been originated by Dr. Russell C. Brock, of Guy's Hospital Medical School, London. What's more, they said, he had evolved it without experimenting on dogs.

That might have clinched it—but for one thing: Dr. Brock himself was in the audience. Slowly he arose and took aim. His fire was devastating. He declared that Dr. Blalock had taught *him* the technique (he hadn't taught Blalock). Furthermore, he used dogs for his own experiments in heart surgery.

"I benefited," he said, "from the technical details and skill worked out on dogs by Dr. Blalock and his

"Deficiency diseases tend to be multiple and it should not surprise you that people eating at the same table may all have deficiency diseases; the surprising thing is that one may have one deficiency disease, while another person may have an entirely different disease."[1]

1. Spies, Tom D.: Recent Progress In Nutrition, Postgraduate Med., 6:97, August, 1949.

• *12 Minerals and 9 Vitamins . . .* *. . . all in one capsule*

MINERALS	
Cobalt (*Cobaltous Sulf.*)	0.1 mg.
Copper (*Cupric Sulfate*)	1 mg.
Boron (*Sodium Metaborate*)	0.2 mg.
Iron (*Ferrous Sulfate*)	10 mg.
Iodine (*Potassium Iodide*)	0.15 mg.
Calcium (*DiCalcium Phosphate*)	213 mg.
Manganese (*Manganous Sulf.*)	1 mg.
Magnesium (*Magnesium Sulf.*)	6 mg.
Molybdenum (*Sodium Molybdate*)	0.2 mg.
Phosphorus (*DiCalcium Phosphate*)	165 mg.
Potassium (*Potassium Sulf.*)	5 mg.
Zinc (*Zinc Sulfate*)	1.2 mg.

VITAMINS	
Vitamin A (*Refined Fish Liver Oil*)	5,000 USP Units
Vitamin D (*Irradiated Ergosterol*)	500 USP Units
Vitamin B_1 (*Thiamine Hydrochloride*)	3 mg.
Vitamin B_2 (*Riboflavin*)	3 mg.
Vitamin B_6 (*Pyridoxine Hydrochloride*)	0.5 mg.
Niacinamide	25 mg.
Vitamin C (*Ascorbic Acid*)	50 mg.
Calcium Pantothenate (*Dextro*)	5 mg.
Mixed Tocopherols Type IV	5 mg.

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Viterra

associates. Without this preliminary animal research, the operation could never have been safely developed on human beings."

After that it was no contest. Baltimore quickly decided that its world-famous medical institutions would thereafter have all the dogs they needed for research.

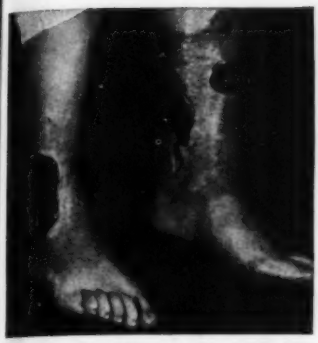
Prepare to Aid Atom Attack Victims

The menace of the atom bomb was being brought home to more and more people. Two New York City hospitals, Flower and Fifth Avenue, announced that they were stockpiling emergency equipment against the day when a bomb might fall. Special apparatus and supplies began to flow in from manufacturers, and the two hospitals got ready to treat burn and injury casualties at a rate of 500 per 24-hour period.

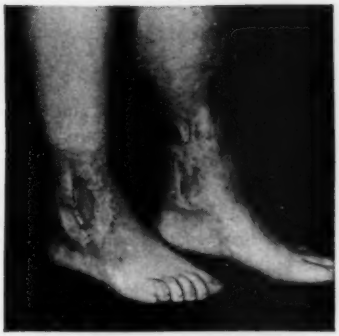
The preparations were being directed by Lieut. Col. Harold W. Glassock, Professor of Medical Military Science and Tactics, New York Medical College. The Atomic Energy Commission also had a hand in the project.

'Welcome Wagon' Is Used In Public Relations

Organized medicine, in one city at least, is utilizing the "Welcome Wagon," the vehicle that welcomes newcomers to a community. Drivers of these wagons shower the newcomers with little gifts from



Varicose ulcers of nineteen years' duration. This is one of a series of 50 chronic ulcer cases in which the results of Chloresium Therapy were observed by a leading clinic.



Chloresium therapy brought this improvement in six weeks. Complete healing occurred one month later. Of the fifty cases studied, forty-eight showed marked improvement.*

For diabetic and varicose ulcers ... use Chloresium Therapy

Stimulates growth of normal healthy tissue, deodorizes ... clinically proved.

• In chronic ulcers, the *problem* is how to aid the healing of tissue not able to repair itself. The *answer* is Chloresium, the therapeutic *chlorophyll* preparations. Clinical reports on large series of such cases show that most of them responded rapidly to Chloresium's chlorophyll therapy—and healed completely in relatively short time.

From the Lahey Clinic Bulletin (Vol. 4, No. 8, April 1946): "Water-soluble chlorophyll containing ointment (*Chloresium*) has now been used at this clinic in more than 50 cases of the more chronic and difficult ulcers ... (it) apparently excels any of the previously used agents ... Many patients who had ulcers unhealed from one to eight years obtained complete healing in six to ten weeks."

Try Chloresium—it is nontoxic, bland, soothing and deodorizing.

*Guthrie Clinic Bulletin (Vol. 16, No. 1, July 1946). Complete report available on request.

Chloresium

Therapeutic Chlorophyll Preparations

Solution (Plain); Ointment; Nasal and Aerosol Solutions

Ethically promoted—at leading drugstores

U. S. Pat. Off. 2,120,667 — Other Pats. Pend.

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I want to try Chloresium Ointment and Chloresium Solution (Plain). Please send clinical samples.

*Dr.*_____

*Address*_____

*City*_____ *Zone*____ *State*____

local merchants, and answer their questions; but they have long ducked the query, "Who's a good doctor around here?"

Now, at the behest of the county medical society, Welcome Wagon drivers in Indianapolis take the lead by asking, "Have you chosen a neighborhood physician? If not, the medical society will give you the names of some."

When the driver departs, he also leaves a booklet listing all local medical services.

England Warns G.P.'s to Reduce Their Panels

Britons get "free" medical care, but not necessarily from the physician of their choice. Some, indeed, get little real choice, if any. Since the panels of "popular" physicians are filled to overflowing, many an ill person has to tramp a weary round to find a doctor who can take him on.

The Ministry of Health continues, nevertheless, to hammer away at those G.P.'s with "excess lists"—*i.e.*, panels above the prescribed 4,000-patient limit. Such doctors have once again been warned officially to take "appropriate action" to get their panels within the limit (there's a tolerance of 5 per cent); they must decline new patients, the ministry says, unless such patients are related to and live in the same household with others already enrolled.

An unwitting tip-off on tight

medical conditions in Britain today is given in a ministry disclosure that "the number of practitioners with lists in excess of the prescribed limits remains substantial."

Society Will See That Its Members Vote

Doctors today have a heavy stake in local, state, and national elections. But to the dismay of their organization leaders they often don't bother to vote. Now the Philadelphia County Medical Society is doing something about it. Recently, in its journal, it asked physicians to fill out a form, listing all persons of voting age in their households. Come Registration Day, the society will see that such persons who can qualify to vote do so. On Election Day, it will see that they vote.

Committee Sifts Ewing Role in Lobbying

Republican Congressmen are still trying to find out if Oscar R. Ewing is a lobbyist for Federalized medicine. If he is, they ask, why hasn't he registered?

At a meeting of the House committee investigating lobbying, Representative Clarence Brown (R., Ohio) challenged the propriety of Ewing's recent junket to Europe. It has been widely charged that the Federal Security Administrator had made the trip merely to get data to support the Truman proposal for compulsory sickness insurance. Was

this true; and, if so, who had paid Ewing's expenses?

Witnesses from the Budget Bureau and the Comptroller General's office told the committee they didn't know about the expenses. Nor did any other witnesses volunteer to prove the lobbying charge. The Republicans would have to keep looking for evidence if they were to clinch their case.

Armed Forces Offer P.G. Training

The Army, Navy, and Air Force, under unification, now have the same standards for residencies and interneships. Medical-school graduates are offered a number of options. First, they may choose the branch of service they prefer. Second, they may apply for training in either military or civilian hospitals. If accepted, they are commissioned with full pay and allowances.

In return for training, candidates agree to do active duty under one of the following options:

Interneship in military hospital (two years' duty in exchange for one year's interneship; four years' duty for two years' interneship).

Interneship in civilian hospital (three years' duty for one year's interneship).

Residency in military hospital (two years' duty for one year's residency; four years' duty for two years' residency; six years' duty for three years' residency).

Residency in civilian hospital (three years' duty for a six-month-

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In a Spencer, the pull of supporting the abdomen is placed on the pelvis, not on the spine at or above the lumbar region.

Even the "hefty" may suffer lumbosacral sprain! This farm laborer—who had "never been sick a day in his life"—developed lumbosacral sprain in lifting a heavy air compressor.

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Anecdotes

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to-one-year residency; five years' duty for two years' residency; seven years' duty for three years' residency).

In each case, the term of duty includes the training period.

Truman Man Says Federal Aid Involves Control

An Administration stalwart tipped the game—delighting opponents of Federal aid to medical education. These opponents have long maintained that such aid would bring Federal intervention and control. "Nonsense!" the drumbeaters for the aid bill (H.R. 5940) have replied.

But recently from a back row in the Fair Deal ranks came a disconcerting sound. It was made by a party plug, Representative John Lesinski (D., Mich.), chairman of the House Education and Labor Committee. Said he: "It is impossible to draft a general Federal aid-to-education bill which will not contain a great degree of Federal control over local school systems."

Says Newspapers Create 'Misunderstanding'

Newspapers critical of the Wisconsin State Board of Medical Examiners have been rapped by the board for creating "misunderstanding." The board refused not long ago to license Dr. Ralph P. Smith, a Canadian pathologist, because he had not applied for American citizenship. Then Dr. Smith was en-

Swollen Ankles

In many instances "swollen ankles" may be of allergic origin and attributed to disorders of vascular permeability. Suprarenal Concentrate Armour may help these cases considerably.

Suprarenal Concentrate Armour is derived from the whole suprarenal gland. The epinephrine present naturally in the fresh glandular tissue has been removed to a mere trace; the connective tissue and other inert cellular structures have been eliminated. This permits the oral administration of adequate doses of suprarenal gland medication without pronounced gastric or intestinal discomfort.

Suprarenal Concentrate Armour also has proved to be most effective in drying up the watery secretions of allergic rhinitis and hay fever.

Adult dose: 2 capsules three or four times daily until desired effect obtained—then reduce to required maintenance dose—usually one capsule t. i. d. Available in 2 grain capsules in bottles of 100.

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gaged by the Luther Hospital, Eau Claire, as a pathologist, on the theory that his laboratory work did not constitute the practice of medicine.

When the board cracked down, the hospital reduced Dr. Smith's status to that of technician. The newspapers objected. They pointed out that the physician had been trained in excellent European schools. He had been in practice about 20 years. He had served as a professor of pathology in Canada.

The board retorted that he had only recently applied for his first papers, that he would be eligible when he got them, and that an examination would be held in July. It added: "There's been no misunderstanding between Dr. Smith and the board at any time. He and the hospital are satisfied. Whatever misunderstanding there has been has been in the newspapers."

Dentists Get 'Remote' P.G. Instruction

Upward of 7,000 dentists in widely scattered U.S. cities attend "wired" post-graduate courses each year. Groups of them get together in their communities and listen to amplified telephone lectures originating in the University of Illinois College of Dentistry, Chicago. Simultaneously, they study charts and slides supplied by the college.

The unique system originated in 1947, when a Scranton, Pa., dentist told the college he was unable

HANDITIPS

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to go to Chicago, but would like to listen in on the lectures by telephone. Not long afterwards, a seminar was transmitted to him and nineteen of his colleagues.

Suggests 'G.P. Office' Course in Medicine

The nation needs more general practitioners, yet medical graduates continue to turn to the specialties. This anomaly may stem from the fact that practically all educators are specialists and that they necessarily teach the specialties rather than general practice.

Such was the premise placed recently before the Federation of State Medical Boards by Dr. Arthur D. Woods, chairman of the Iowa Board of Medical Examiners. More men will turn to general practice, he contended, only if they are trained and indoctrinated in it. And that, he believes, calls for a shorter and more intensive course of training.

Today, says Dr. Woods, the recommended training period for a G.P. is eleven years; this includes premedical education of three years; undergraduate medical education, four years; interneship, one year; general practice residency, three years.

Lack of the long residency, as things stand, he says, puts the young G.P. at a professional disadvantage. Yet the long residency tends to produce two classes of general physicians: the diploma class and the residency class. "An

aristocratic snobbishness may easily develop among the latter," Dr. Woods adds, "It will be they who receive hospital privileges while the diploma class will be the underdogs. If . . . no man is competent to practice medicine until he has received eleven years of medical education, then no man should receive a diploma . . . until he has completed the eleven years."

Dr. Woods advocates a shorter, entirely new course of training for general practice. Continuing emphasis would be placed upon the actual working procedures of general medicine. Teachers would stress the importance and desirability of the work.

Dr. Woods envisions a medical school with a far-reaching plan of externeship. "This should encompass all the out-patient activities and more," he says. "Much that the general practitioner will see in his private practice can be taught here. Disease in its incipiency should be stressed to the utmost. A separate building, which might be designated the General Practice Office Building, should house these activities. It should be made as much like . . . the private office as possible. The patient and the student should be made to feel that they are *not in a hospital*. The best brains on the faculty should make up this part of the teaching staff."

Most patients treated in the general-practice building would be ambulatory, but some would become hospitalized. Then, says Dr.

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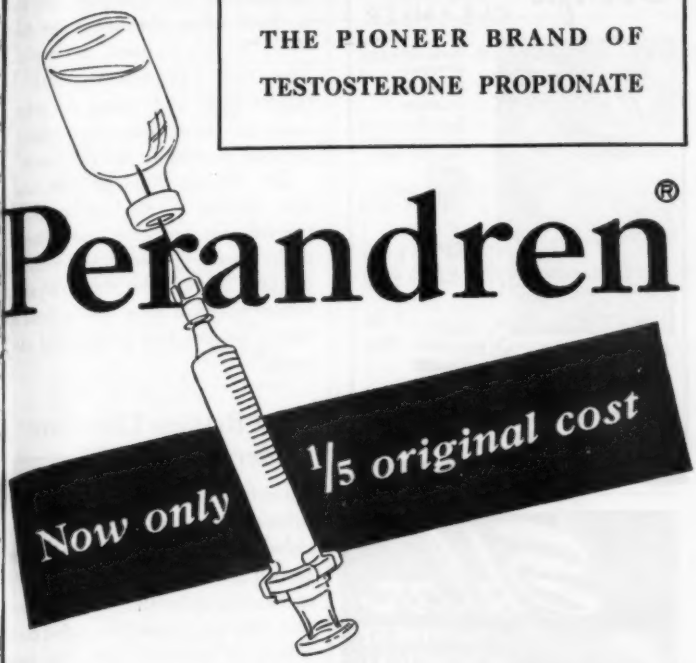

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Woods, the student could follow a patient into the ward and see what is done when the specialist takes over. "In this manner," he explains, 'the undergraduate could be taught how and when to refer a case—the most important thing a general practitioner could learn."

Dr. Woods believes that under this system a student could be trained for general medicine in eight years. After four years of medical school, the new physician could spend a year in "a real rotating interneship in general medicine."

Most Britons Like Care Under National Plan

Seventy-one out of every 100 Englishmen have utilized services provided by the 23-month-old national health plan, the British Gallup Poll announced recently. Of the seventy-one, fifty-eight have recorded themselves as satisfied with the treatment they received; eleven are dissatisfied; and two are undecided.

Underwriters Checking Hospital Hazards

Are hospitalized patients safe from fire—or only minutes away from an agonizing death? U.S. fire insurance companies, determined to find out, set 1,700 men working quietly in every section of the country. Their job: to comb hospitals for fire and casualty hazards, instruct in safety drills and programs.

By now, more than 1,500 insti

THE PERFECT PICNIC (ALMOST) BY CORKA

1

THEY THOUGHT OF EVERYTHING BUT

THE O'NEILL FAMILY ADORES PICNICS... SO DOES NEXT-DOOR JANEY (SHE'S THE ONE WITH CURLY LOCKS). THEY CAN WHIP UP A LUSCIOUS PICNIC BASKET IN LESS TIME THAN IT TAKES TO GET THE CAR OUT OF THE GARAGE. THEY FORGOT ONE THING THIS TIME, THOUGH! KNOW WHAT IT WAS?

2

IT'S A HAPPY DAY BUT

THE O'NEILLS SHOULD HAVE SELECTED ANOTHER SPOT— AWAY FROM THAT PARTICULAR BUSH. THEY'LL PAY FOR THEIR IGNORANCE TOMORROW... ALL BUT LITTLE JANEY, WHOSE MOTHER KNOWS A THING OR TWO ABOUT PRETTY GREEN LEAVES AND PROTECTION AGAINST 'EM.

3

THEY ALL HAD A GOOD TIME BUT

WHAT IN THE WORLD IS THAT PRETTY BUNCH OF GREEN LEAVES MOM IS BRINGING HOME? SHE'LL KNOW BETTER NEXT TIME. BECAUSE THE O'NEILLS ARE GOING TO GET SOME GOOD ADVICE TOMORROW FROM NEXT-DOOR JANEY'S MOTHER.

4

BUT THE O'NEILLS WEREN'T PROTECTED AGAINST POISON OAK & IVY...

POISON OAK OR POISON IVY ISN'T FUNNY — OUTSIDE OF COMIC STRIPS. YOU'LL DO ALL YOUR PATIENTS A GREAT FAVOR IF YOU ADVISE

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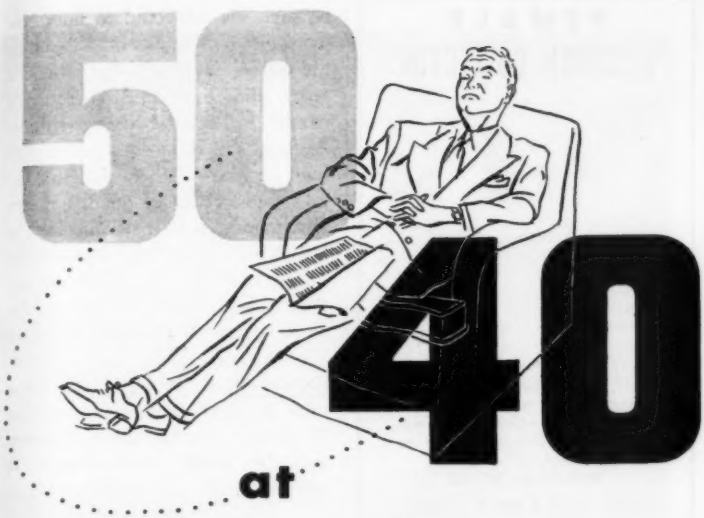
tutions have been inspected; 3,000 more are scheduled for immediate attention; and 9,000 in all will be examined before the job is done.

The inspectors—mostly engineers—are interested particularly in what hospital personnel will do in case of fire. Administrators are asked: "What have you taught your staff? Do you have regular training programs and drills? Do you have a minimum, trained crew on duty at night, when many disastrous fires break out?"

Insurance men point out that training pays dividends in saving lives and property. Not long ago, for example, a fire broke out in the Sauk County (Wis.) Hospital. Its trained personnel were ready. While three employes fought the blaze with inside hose lines, others quickly led 100 mental patients from the building and summoned help. Then they went back, with some of the patients, and removed portable equipment. When trained firefighters arrived, they were able to put out the fire quickly, for it had gained no headway. The building was saved; not a patient was injured.

Generations Seen Harmed By Careless X-Raying

Careless use of X-rays by doctors on patients today will cause injury, sterility, and death in countless generations to come, warns Dr. H. J. Muller, Nobel Prize winner. "Many a pneumothorax patient,"



It has been estimated[1] that 50 per cent of patients at the age of 40 years suffer from some form of gallbladder disturbance, and that the incidence increases with advancing years until at the age of 70 years, 70 per cent of patients are found to have biliary difficulties.[2]

For gentle choleretic-digestant-laxative action prescribe

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1. Rehfus, M. E.: Penn. Med. J., 42:1335 (Aug.) 1939.

2. Blumberg, N. and Zisserman, L.: Rev. Gastroenter., 9:318 (July-Aug.) 1942.

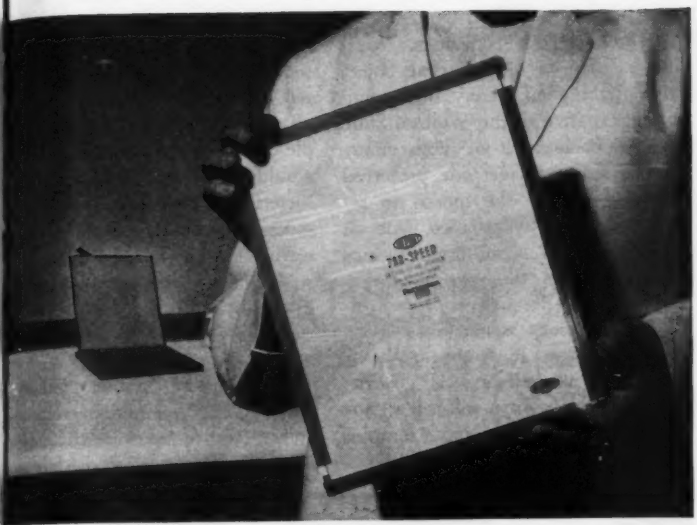
he says, "is subjected to fluoroscopy every two weeks or oftener by the same physician for about a year, and then perhaps once a month for several years, without artificial shielding of the reproductive organs." Other patients, he says, are irradiated by one doctor after another, with no one bothering to ask about treatment history.

The result in many cases is permanent mutation of genes, Dr. Muller recently told Yale scientists. The mutated gene, he explained, passes down through generations until it meets a similar mutation. The result, for the affected person, may be death, malformation, or sterility.

Welfare Seen Problem of Society, Not State

Americans can achieve the security they want without relying on government, says Life magazine. But it warns that "The idea of the Welfare State is becoming part of the air we breathe. Individuals may denounce it in the abstract, but when it comes down to specific cases—a crop support, a postal subsidy, a pension, a grant-in-aid for a scholarship—practically everyone finds a personal rationalization for taking from the State when and where he can."

People should realize, says Life, that there's another, better way of gaining security: not the old winner-take-all technique of a selfish capitalism, but the cooperative effort of what might be called a



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But . . . before installing Cushion-Back Screens, let your dealer or Du Pont Technical Representative check your cassettes to be sure they have sufficient tolerance to accommodate the Cushion-Back. Forcing a Cushion-Back Screen into a tight cassette may bulge the front and strain the hinges, causing light leaks and impairing rather than improving contact.

Remember, whatever your screen requirements, thirty-five years of "Patterson" specialized research and manufacturing know-how assure you the highest quality screens with uniformity, durability and cleanability. E. I. du Pont de Nemours & Co. (Inc.), Photo Products Department, Wilmington 98, Delaware.

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BETTER THINGS FOR BETTER LIVING . . . THROUGH CHEMISTRY

Welfare Society, if "welfare" had not become a tainted word.

The magazine continues: "Insofar as security must be one objective of the good society, our practical alternative to the Welfare State would concern itself with many welfare devices. In our preferred type of society the means to security would be reliance, not on government, but on organizations promoted by the people themselves.

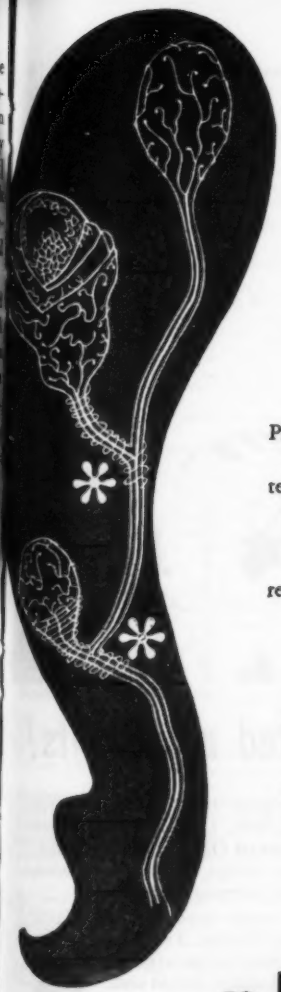
"Our society would encourage cheap housing. It would not, however, put its reliance on government to get it. In a self-reliant society, labor unions, for example, would use their treasury surpluses to enable their members to g housing money at low intere rates. Unions would buy tracts o unimproved land and pass indivi ual plots along to members witho charging a subdivider's fee. Mi dle-class people who want hom would enroll in building and lo societies. They would save the money and lend it back to them selves at a low interest rate.

"Social security must be one ob jective of any society in which th aged are expected to retire. In ou society, people would get securit by establishing either industry wide or regional nongovernmenta public corporations, with public spirited citizens of wide busines

experience and proven competence functioning as directors. The public social security corporation would invest its capital in industry on a 'balanced fund' basis. [Thus it] would plow the people's funds back into production—and the production in turn would provide for real security.

"Such things as education, road building, flood control, and soil conservation, since they involve a general welfare that cannot always be promoted on a large and efficient scale by voluntary private organizations, must involve some measure of governmental action. But even in these areas there could be more, rather than less, reliance on voluntary organization. People in rural areas have been helping themselves for years by establishing voluntary Conservation Districts. There are even instances of nongovernmental river control projects—the Muskingum (Ohio) Watershed Conservancy District is one such instance.

"We have merely been listing a number of specific voluntary welfare mechanisms that have already proved themselves in practice. Private pension plans, Blue Cross and Blue Shield medical insurance, housing societies, consumer cooperatives, public corporations, and voluntary soil conservation districts are old stories. They are success stories too. And that is precisely our point: Welfare on a self-reliant basis is not a vague utopian hope but a very practicable possibility. People can have it if they want it."



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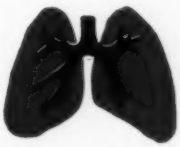
Sublingual PENALEV tablets (50,000 or 100,000 units) are rapidly absorbed, quickly create therapeutic penicillin blood levels.



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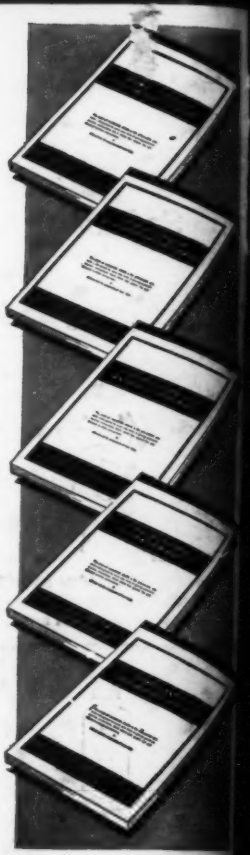

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IVORY SOAP, Dept. 2, Box 687, Cincinnati 1, Ohio

Ask for the Handy Pads you want by number. No cost or obligation.

No. 1: "Instructions for Routine Care of Acne."
No. 2: "Instructions for Bathing a Patient in Bed."
No. 3: "Instructions for Bathing Your Baby."
No. 4: "The Hygiene of Pregnancy."
No. 5: "Home Care of the Bedfast Patient."

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